DURATION

Date of

.Date signed.



MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.

rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

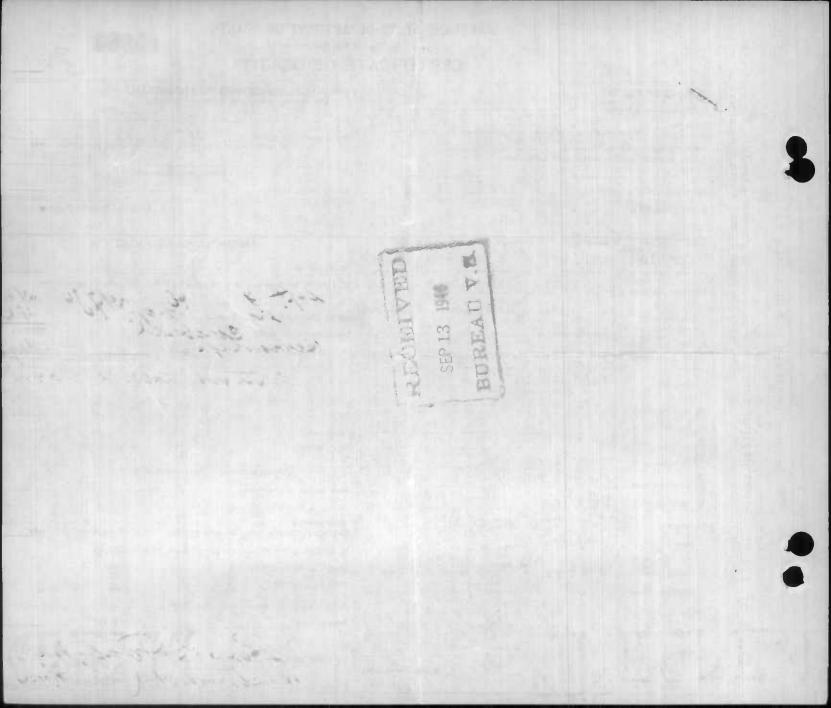
2411 N. Charles St., Baltimore 83-0

CERTIFICATE OF DEATH

08884

Reg. Dist. No.

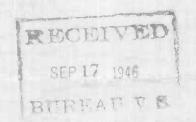
1. PLACE OF DEATH	roll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Oltra of famo	near G	amber		State Maryland count	y Carroll	•••••
(If outside	le city or town li	mits, write R	URAL and give nearest town)	City or town near Gamber (If outside city or town limits,		
How long in above place of de	eath?	30 yea	ars	(If outside city or town limits,	write RURAL and give near	rest town)
Hospital, Institution, or street	et address where	death occurred		Streel No.		
		• • • • • • • • • • • • • • • • • • • •		(If rural, give L		
Hew tong in hospital or inst	Itulion?			2.(a) If veteran, name war		
3. (a) FULL NAME		Δ	TO A		3. (b) Social Security 1	Number
		AT	nna D. Arnold			4 1
	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	white		Married	20, DATE OF DEATH Sept. 10	1046	4 5 pm
	77 7		A 7 7	21. I CERTIFY that death occurred on the date above		
B.(b) Name of husband or w	lfe	gayar.c	Arnold	21. I CERTIFY that death occurred on the date above	stated; that I attended decea) woll
		B. (c	e) If alive, give ageyears		04/7/10	2/1
7. Birth date of deceased (mo., day, yr.)	Nov	ember	29, 1895	and that I last saw halive on	11/	DURATION
8. AGE: Years	Months	Days	it less than one day	Immediate cause of death		11.
50	9	12	hrsmln.	John Mint of July Thomas	***************************************	2 ille
Mo	etmine:	tor 1	7	and trans	2 elleraso	54/
9. BirthplaceWe	(Town,	county, and s	tate)	Due 10.	A. A	
10. Usual occupation	none				***************************************	100000000000000000000000000000000000000
				Due to	210800000000000000000000000000000000000	800000000000000000000000000000000000000
1t. Industry or business	hn T I	Dann				***************************************
E				Other conditions		8**8***********
	Maryla			(Include pregnancy within 3 me	onths of death)	
14. Malden name	Carrie	Fowle	<u>Pr</u>	Major findings of operations		
15. Birthplace	Marylan	nd		Walot Madings of Operanoa.		
			nold	Autopsy results		
			an abada had andra had a a a a a a a a a a a a a a a a a	PHYSICIAN: Please underline the cause to whi	ch death should be charged	itatistically.
	Gamber			22. VIOLENCE: If death was due to external caus	es, fill in the following;	
burial (Burial, cremation, or		Date there	eof	Accident, suicide, or homicide		
			sant Cem.	Where did injury occur?(City or town)		
Cemetery or crematory			Serio Cema			
Location	Gamber	r, Md.		Injured at home, tarm, industry, public place (who		
18. Funeral director	J. Fr	ancis	Reése	Means of injury	Injured at work?	
	Westm			A SingaR	17.7	mar
Address	wes un	ins cer	22/1	23. SIGNATURE CEPURO	Med.	r other
	19 UE	D. 1	Wasyum	W6 slaves ha	-11.	
(Date rec'd by registr		10	Registrar	Address	Date signed	frankfrom frefry



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

And the second s				
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)		
Construction Henryton	State Maryland County	Momentand		
City or town. (If outside city or town limits, write RURAL and give a limit of the				
	dass City or town Baltimore (If outside city or town limits, write RURAL and give nearest to	own)		
Hospital institution or street address where death occurred: Sanat	torium Sireet No. 1109 South Race Street			
Colored Branch, Henryton, M	Maryland (If rural, give LOCATION)			
3. (a) FULL NAME	3. (b) Social Security Number			
CARRIE AVERY	220-22-540)4		
4. Sex 5. Color or race 6.(a) Single, married, widowed	d, or divorced MEDICAL CERTIFICATION			
female colored single	20. DATE DF DEATH. September 15, 19 46 al.	L.45A		
6.(b) Name of husband or wife	October 1. 10 40 to Sept. 10	to 46		
7. Birth date of	and that I last saw h. eralive on September 15	ts 46		
deceased (mo., day, yr.) October 16, 1922	Immediate cause of death	OURATION		
8. AGE: Years Months Days tf less than on	Pulmonary Tuberculesis M	arch		
23 10 · 29hrs.	min. 1	945		
9. Birthplace Gastonia, N. C. (Town, county, and state)	Due to.			
(Town, county, and state)				
10. Usual occupation Factory Worker	Due to.	*********		
11. Industry or business				
John Avery 12. Name John Avery Unknown	Other conditions			
13. Birthplace Unknown				
	(Include pregnancy within 3 months of death)			
I FI TO THE PROPERTY OF THE PR	Major fiadings of operations	,		
The state of the s	Date of op.			
16. Informant Deceased	Autopsy results	ically		
Address		icady.		
17. Shill A Bate thereof (month)	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burlal, cremation, or removal. Which?) (month)				
Cemetery or crematory Castonia	Where did injury occur?	te)		
Location with Carolis	injured at home, farm, industry, public place (where?)			
grand & Prom	It Moans of injury injured at work?			
18. Funeral director	1 1 200 2	- 3		
Address Of W nordgande	23 SIGNATURE LECULEU TUGEL	7 · D,		
, 9/15 19 46 albert Pl.	Awarhhaus Henryton, Md. Date signed 9/	15/46		
(Date rec'd by registrar) Denuty Local	Registrar Address Date signed			



PLEASE

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH	not

2411 N. Charles St., Bultimore

(4)	
(477)	
1 /1/	

CERTIFICATE OF DEATH

	1
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			1/
Reg.	Diat.	No	

08886

1						
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carro	11	*****************		(For newborn infants give residence of mother) Md Baltimore		
			URAL and give nearest town)	Stale Md County Baltimore		
				City or town		
How long in above place	of death?	<u>'S</u>	•••••	City or town		
Hospital, Institution, or	street address where	death occurred	l:	Street No.		
***************************************		•••••		(If rural, give LOCATION)		
How long in hospital o	r institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	Ε			3.(b) Social Security Number		
	Mrs.Ida H	.Patso	n	none		
4. Sex	5. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
F	W		widow	2D. DATE DE DEATH SELECTION 19. 4.6, 21. 12. 4		
	Georg	o Bate	on	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(0) Name of husband	or Mile MENTE	,55 in 14.00	L (1.1	July 20 19 46, 10 Se 12 2 196		
	,		e) If alive, give ageyears	and that I last saw h. 23 alive on S. 51		
I. Birth date of	m) Sept 1.1	266				
8. AGE: Year		Days	If less than one day	Immediate cause of death DURATION		
o. Ace.				arterio Scleroso		
80	0	19	hrsmin.	mental Desperation		
a Minhalana	Pa.			Due to.		
9. Birthplace	(Town,		state)			
10 Usual occupation.	Housewor	k	***************************************			
	• •			Due to		
11. Industry or busines						
12. Name Ri t3. Birthplace	chard Grou	se		Dther conditions		
13. Birthplace	6	Md				
	Manganat	Sah f	fer	(Include pregnancy within 3 months of death)		
14. Maiden name	war gare u		4.77	Major findings of operations.		
14. Maiden name 15. Birthplace		Md.		Date of op.		
Mana	Wilson Cr	01150		Autopsy results.		
16. Informant				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	ney	mar,Md	•			
. Buri	al	B. 41. 11.	Sept 23.1946	22. VIOLENCE: It death was due to external causes, fill in the following;		
(Buriai, cremation	, or removal. Which?	Date thei	eof Sept 23,1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or cremat				Where did Injury occur?		
				Injured at home, tarm, Industry, public place (where?)		
			,Md	Means of Injury Injured at work?		
18. Funeral director	C.O.FUS	S & SO	N	means of injury		
Address		eytown		7 1/ 1000		
O C A	A 4		0 - 301 1	23. SIGNATURE M. D. or other		
19 sept	22 1946	Elle	I ni Meury			
(Date pec'd by re	gistrar)	& P.III.	Registrar	Address Date signed 9-21-46		

SEP 25 1946

BUREAU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

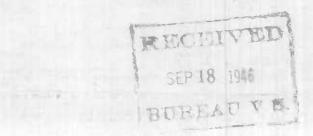
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08887

Rog. Dist. No. 74

1. PLACE OF DE		11	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County		Carroll	Manufact			
How long in above plac	e of death? 2 ye	ear Sykesville mits, write RURAL and give nearest town) ars, one month	City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, o	r streel address where d	leath occurred:	Sireet No.			
		d State Hospital	(If rural, give LOCATION)	1/		
How long in hospital of	or Institution? Y	ears, one month	2.(a) If veteran, name war			
3. (a) FULL NAM		d F. Bechtol	3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	widowed	20. DATE DF DEATH September 13 19 46	3:30A M		
***************************************	or wifeyr.) June 8,		21. I CERTIFY that death occurred on the date above stated; that I attended dece	19 46		
8. AGE: Year		Days If less than one day	Immediate cause of death General Paralysis of the	DUNATION		
69	3	5mln.	Insane	4 yrs.		
9. Birthplace. MO:	telegrap	ty, W. Virginia county, and state) h operator	Due to			
11. industry or busine				1		
E 12 Name Jai	mes Edwar	d Bechtol	Diher conditions Psychosis with syphili-			
	West Virg		tic meningoencephalitis	4 yrs.		
W W	Mary Ann	Wheet	(Include pregnancy within 3 months of death)			
E 14. Malden name	West Vir	ginia	Major findings of operations			
	Springfield St	ate Hospital Records	Antopsy results	atatiatica Nv		
Address	Sykesvi	ille, Maryland				
17. Butta (Burial, cremation	n, or removal, Which?)		22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Cemetery or cremal		out Cemetery	Where did Injury occur?			
Location9	exhely or	May Va	Injured at home, farm, industry, public place (where?)			
18. Funeral director	Haler	Milweral Atome	Meens of Injury Injured at work? Robert Bertrand May, M.D.			
Address	Cumbe	2,4/ 4/201	23. SIGNATURE Robert Bestrand Man	or other		
(Date rec'd by r	9 19 H. Co	Registrar	Springfield State Hospital Sykesville, Maryland Date stgned	7-13-46		



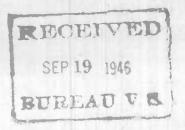
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chnrles St., Baltimore



Reg. Dist. No.....

1. PLACE OF DE	EATH: Carroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	/	*****************	***************************************	353		
City or town(If	outside city or town	limits, write l	RURAL and give nearest town)	191. 000 0 182 0		
How long in above plac	e of death?	onths.	5 days	(If outside city or town limits, write RUBAL and give nearest town)		
Hospiiai, Institution, o	r street address where	death occurre	d:	Sireet No. Thurstown &	Wad	
	ld State H			(If rural, give LOCATION)		
		4 mo	nts, 5 days	2.(a) If veieran, name war		
3. (a) FULL NAM	IE				3. (b) Social Security	Number
Howar	d Lee Cayl				Hone	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	W		Single	20. DATE OF DEATH September 14	1949	6, at 9:45 A M
				21. I CERTIFY that death occurred on the date abov	re stated; that I attended dec	eased from
7 Right date of		6.0	c) If alive, give ageyears	and that I last saw halive on		
deceased (mo., day,		881		Immediate cause of death		
8. AGE: Year	rs Months	Days	tf less than one day	ammediate Cause of death	***************************************	. Donalish
65	6	5	hrsmin.	Corney Thrombon	7	interteren
9. Birthplace	(Town	. county, and	Maryland	Due to		
1D. Usual occupation.	Farmer			***************************************		
				Due to		
11. Industry or busine						
 			***************************************	Other conditions	<i>t</i> 0 :	0 , ,,#
	Maryland			(Include pregnancy within 3 m	leun claures	4 moreles
14. Maiden name	Metilda C	over		V		
15. Birthplace	Virgina			Major findings of operations		
D		Canina	field State Hosp.			
16. informant	Sykesvil			Autopsy results		statistically.
~	. 0		· l- + 17-1941	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
(Burial, crematio	n, or removal. Which	. Date the	eof 17-1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremat	lory Diges	Creek	Cemeters	Where did injury occur?(City or town)	(Country)	(State)
01		P_1		Injured at home, farm, Industry, public place (wh		(Dente)
Location ZLA		-6-0	0		injured at work?	
18. Funeral director	D.D. XX	argle of	Aure	Means of Injury	Injured at work?	
Address Her &	Winday V &	Warm.	Bulge ged	or SIGNATURE (KAR ILA H.	Eighet M	n.D.
SUX 10	.46	/	sina alsul	23. SIGNATURE	A A forham D.	or other
(D) te rec'd by re	egistrar)		Registrar	Address trungfeld State At	motel Date signed	7-14-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

08889

CERTIFICATE OF DEATH

74 Reg. Diat. No.

	Carr	oll			2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)					State Maryland county		
			nlts, write R	URAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in abo	ve place of	death?	eath occurred	······································	(If outside city or town limits, write RURAL and give nearest town) Street No. 923 Argyle Avenue		
Maryl	and	Tubercul	losis	Sanatorium		LOCATION)	
Color How long in ho	ed B	ranch, E	lenry	ton, Md.	2.(a) It veteran, name war		
3. (a) FULL	NAME					3. (b) Social Securit	y Number
		GEORGI	E COLI	3		579-16-1	187
4. Sex	!	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male		Colored	Si	ngle	2D, DATE DF DEATH September	10, , 46	6.50 R
					21. I CERTIFY that death occurred on the date ab	bove atated; that I allended da	ceased from
6.(0) Name of					Sept., 3,	46 to Sept.	10,1146
7. Birth date of	f	Fohnos		e) If alive, give ageyears 1922	and that I last saw h im alive on Se	pt., 10,	1946
deceased (m	o., day, yr.) Yeara	Months	Days	If less than one day	Immediate cause of death		DURATION
8. AGE:		6	22	hrsmin.	Pulmonary Tube	reulosis	June 1946
	24			•			T340
9. Birthplace.		New York	county, and s	I •	Due to		
10. Usual occi	nation	Toilor		,			*****
	abattote	000000000000000000000000000000000000000	***************************************		Due to	, .,, ,	•••••
11. Industry or		Frank W	ole				*****
E		Unknum	W. # W		Dther conditions		
			200		(Include pregnancy within 8	months of death)	
H 14. Malde	n name	Edna Wa	10	D 0	Major findings of operations		
15. Birthp	lace	Washing			Date of op.		
18, Informant.	Mrs	. Hatti	e Ban	ks	Antopsy results		
Address	506	Pine S	t., B	alto., Md.	PHYStCIAN: Please underline the cause to w		ed statistically.
47	12	ial		9/14/41	22. VIOLENCE: If death was due to external ca		
(Burial, er		r removal. Which?)	Date their	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or	crematory.	1/10	M	oun.	Where did injury occur?(City or town)	(County)	(State)
Location	1:	salto	->1	ud.	Injured al home, farm, industry, public place (where?)	
18. Funeral d	/	1/m Cx	Vac	deson.	Means of Injury	Injured at work?	
	/			e. Palto ma		2100	2 3
Address 7	1 U	perma	are	x. I succe ma	23. SIGNATURE Declar	Doff-was	m. D.
19. 9/	10 /	19 46	all	est R Swanple	Henryton, Md		o, or other 9/10/46
(Date rec	d by regis	trar)	eputv	LOCA Registrar	Address Hetti y coll, will	Date signe	9/10/40



COPY SENT TO LOCAL REGISTRAD FOR COVATE 9/13/46

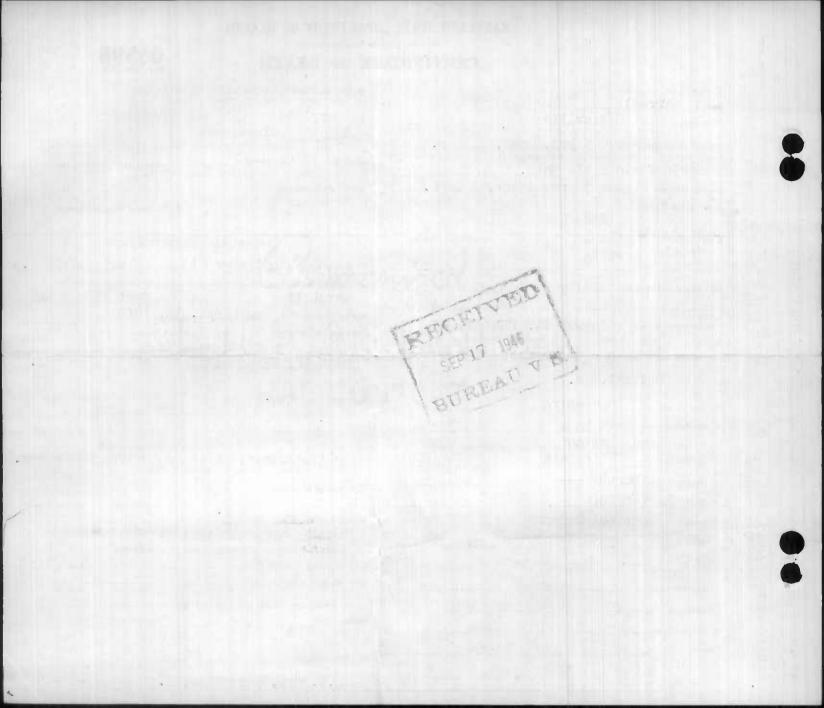
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08890 744 Reg. Dist. No. 744

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	state Maryland county Montgomery		
(If outside city or town limits, write RURAL and give nearest town) How long In above place of death?	Clarksburg (If outside city or town limits, write RURAL and give near Street No (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security 1	Number	
MARGARET CORDELL	S. (b) Beent Security 2	, amout	
4. Sex female 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATHSeptember 15	.8:15 A.M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decea March 15 19.41 10. Sept 15 and that I last saw her alive on Sept 15, 1946	1846	
deceased (mo., day, yr.) August 24, 1912	Immediate cause of desth	DURATION	
8. AGE: Years Months Days If less than one day			
34 0 21nrsmin.	Pulmonary Tuberculosis	6 mos.	
9. Birthplace Bristol, Va. (Town, county, and state)	Due to		
10, Usual occupation	Due to	******	
11. Industry or business Own home			
12. Name Kenny Lytton 13. Birthplace Virginia	Schizophrenia, Hebephrenic type	8 years.	
	(Include pregnancy within 3 months of death)		
14. Maiden name Bertha 15. Birthplace Virginia	Major findings of operations		
16. Informant Hospital Records	Autopsy results		
Address 17. Burial (Burial, cremation, or removal Which) Cemetery or crematory. Clarksburg 2007 Cemetery 0007 Ce	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location 11 or 19 or and Co	Injured at home, farm, industry, public place (where?)		
18. Funeral directors 31.7 Address 19. Add	23. SIGNATURE LAND H. Sickett M. Dr. Addres S. S. Hosp, Sykesville, Md. Date signed 9		



2411 N. Charles St., Baltimore 97

08891

CERTIFICATE OF DEATH

	4	1300		0.1
15	X	Reg.	Dist.	No.
A.	F	Paris		

				021111110111		Reg. Dist. No	
1. PLACE OF DEATH: Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County				URAL and give nearest town) 20 days : pital	City or town Ruxton (if outside city or town lim Street No. Carrollton Av	County Baltimore Site, write RURAL and give near Jenue ve LOCATION)	rest town)
How long in hospita	l or instit	utlon? 11 I	nonths	, 20 days	2.(a) If veteran, name war		
3. (a) FULL NA	ME	Howard	Frank	k Ecker		3. (b) Social Security	Number
4. Sex Male	5. C	olor or race White		narried, widowed, or divorced	MEDICAL O	CERTIFICATION 18 46	,9:25P.
6.(6) Name of husba	and or wif			one If alive, give ageyears	21. I CERTIFY that death occurred on the date December 12 and that I last saw h. im alive on Set	above stated: that I affended decea	8 1946
7. Birth date of deceased (mo., da 8. AGE: You	ay, yr.)	May 1	4, 188	If less than one day	Immediate cause of death Arteriosclerosis		DURATION 7 yrs.
9. Birthplace	Pa	rcel r	oom c	ryland tate) lerk	Due fo		
12. Name JC	hn New	W. Eck Winds	er or, Ma	aryland	Other conditions Psychosis warteriosclerosis (Include pregnancy within		7 yrs.
14. Malden name Susan Long 15. Birthplace New Windsor, Maryland				aryland	Major findings of operations	*	
	16. Informant Springfield State Hospital Records				Antopsy results	which death should be charged	statistically.
13-		emovati Which?	n.	(month) (day) (year)	22. VIOLENCE: If death was due to external Accident, suicide, or homicide Where did injury occur? (City or town Injured at home, farm, industry, public place	n) (Coonty) (where?)	(State)
18. Funeral director Address / 2	17-0 17-0 19-19	illian If Pa	v Co	ok, Dec.	Robert Bertrand May, M.D. 23. Signature Spring field State Hospital Sykesville, Maryland	tnjured at work? Thank May M. B. Oate signed.	MD. for other 9-19-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS-A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

			7	7
eg.	Diat.	No.		U

			CERTIFICA	TE OF DEATH	Reg. Diat. No	7.0
1. PLACE OF DEATH: County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Taney town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town	RİY	
How long in above place of death?				Sireet No	***************************************	
How long in hospital or in	ıstitution?			2.(a) It veteran, name war		••••
3. (a) FULL NAME					3. (b) Social Security	Number
Mrs	Margare	t L.Eng	lar		none	
	5. Color or race		, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
F	W		widow	20, DATE OF DEATH September	27ta 19.46	,10 A.
6.(b) Name of husband or	wifeP	B.Engl	ar	21. I CERTIFY that death occurred on the date abo		
7. Birth date of deceased (mo., day, yr.)	Sept.	30,1860) It alive, give ageyea	and that I last saw h.eralive on Sept.	ember 26th	1946
8. AGE: Years 85	Months 17	0ays 28	It less than one day	Cerebral hemorrh (Cerebral hemipleg	age	15yrs.
9. Birthplace 10. Usual occupation			tate)	Oue to		
12. NameHe	nry Rein	dollar M	đ	Other conditions		
HLOW 15. Birthplace	Mary	Buffin	gton	(Include pregnancy within 3 r		
	s Beulah	Fnalar	Md			
16. Informant		laneyto		PHYSICIAN: Please underline the cause to w	hich death should be charge	d statistically.
17. Burial (Burial, cremation, o	Τ.		Sept.30,19		Date of	
Cemetery or crematory				Whers did Injury occur?		(State)
				Means of Injury	Injured at work?	
18. Funeral director		town, Md	•	<i>M</i>	17710:	t his
19 Self to Date Per d by regis	30 1946	Ethe	Meling Registre	23. SIGNATURE	land Oate signer	or other 9/28/146



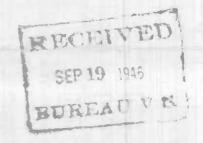
2411 N. Charles St., Baltimore /3-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll City or town Sykesville City outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4. MONS., 23 days Hospital, institution, or street address where death occurred: Springfield State Hospital How tong in hospital or institution? 4. MOS., 23 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Lloyd Douglas Fooks			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Separated	MEDICAL CERTIFICATION 2D. DATE OF DEATHSept		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25, 19 46, to Sept. 18, 19 46, and that I last saw h. IM. alive on Superior 19 46		
8. AGE: Years Months Days It less than one day 17			
9. Birthplace Preston, Caroline, Maryland 1D. Usual occupation Service worker 11. Industry or business 12. Name E. Lloyd Fooks	Due to		
12. Name E. Lloyd Fooks 13. Birthplace Mary Douglas 14. Malden name Mary Douglas 15. Birthplace Mary Land	Major findings of operations Date of op.		
Address Springfield State Hosp., Sykesvill 17. David Date thereot (myonth) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
Cometery or crematory. Tederalshing ma,	Where did injury occur?		
18. Funeral director Address 19. Holder (1) Date (ec'd by registrar) 19. Constant (1) Registrar)	23. SIGNATUR Comold N-Sicher M.D. or other trar Address & Stop Agher la Md Date signed 9-18-16		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



7/2

PLEASE WRITE

1
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correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Carroll Maryland Westminster (If outside city or town limits, write RURAL and give neerest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: 169 E. Green St. (If rural, give LOCATION) How long in hospital or institution?. 2.(a) It veteran, name war... 3. (a) FULL NAME 3. (b) Social Security Number Frances E. Fringer 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female white single September 18 1946 at 1.30 pm 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife 19.46 to Seles 18 19.46 .6.(e) It ailve, give age 7. Birth date of and that I last saw h.alive on May 3, 1860 deceased (mo., day, yr.) It less than one day Years Months 8. AGE: 86 15 Westminster, Maryland (Town, county, and state) none 10. Usual occupation... 11. Industry or business George N. Fringer 12. Name...... Maryland (Include pregnancy within 3 months of death) 14. Maiden nat Catherine Hoff 14. Maiden name... Major findings of operations Maryland Guy N. Fringer 18. Informant... PHYSICIAN: Please underline the cause to which death should be charged statistically. Westminster. Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following; burial 9/21/46 (month) (day) (year) Date thereot Accident, sulcide, or homicide..... (Burial, cremation, or removal. Which?) Westminster Cemetery Where did injury occur? (City or town) (County) (State) Westminster. Md. Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury J. Francis Reese 19. Funeral director... Westminster, Md Quality Signed 9-17-



M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

	43	00001
Reg.	Dist.	No. 120

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	State maryland County Tred.
City or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
128 6. Drew St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ida Grunwoo	2 Jone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Widow	20. DATE OF DEATH Sept 16 1946 at 6:00 PM
	20. DATE OF DEATH LEAT 16:00 PM
6.(4) Name of husband or will sich Treemwood	21. I CERTIFY that death occurred on the date above stated; that Nationaled deceased from
	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days tfless than one day	Immediate cause of death arlerio pelerone Type.
88 3 26min.	Teneralized were persone of
9. Birthplace 7	Due to
10. Usual occupation. 2 and	
11. Industry or business	Due to
	Other condillons
12. Name Sta Tootlon 13. Birthplace Fred B md.	
	(Include pregnancy within 3 months of death)
14. Maiden name 7 31 / Vicania 15. Birthplace	Major findings of operations.
- 4. 4	Bate of op
16. Informant Mr. Harry Drumhotty	Autopsy results.
Address 28 6 Drewn Wishmonder. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. wiel D. Lil. 19-1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Chemican Cumpilery	Where did injury occur?
Location Wew Windson, md. R.D.	Injured at home, farm, Industry, public place (where?)
18. Funeral director HBann Rund USon	Means of Injury / Injured at work?
1/-1/	
Address & Lot & Later &	23 SHONATOR SILLER V / No see) , M. D. or other
19. 7/19 19 10 1940000	(Restinuely 111 9/18/46
(Date rec'd by registrar) Registrar	Abdress Date signed



1. PLACE OF DEATH:

WRITE

PLEASE

19. (Date roo'd by registrar)

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 44-2

CERTIFICATE OF DEATH

2. USUAL RESIDENCE

	Reg. Dist. No
(HOM	E) OF DECÉASED:
give resider	ice of mother)
	County (MITOL)
Elsu.	elle

County Carroll-	(For newborn infants give residence of mother)
City or town. (1) Sutside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3 (a) FULL NAME	2 (h) Social 6

Hospilal, institution, or street address where death occurred:	(11 outside city of town limits, write RORAL and give hearest town)		
	Sireel No		
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	o kens		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
at. W Married	20. DATE OF DEATH Dep Lewber 18 1846 21 1:00 F		
6.(b) Name of husband or wife Mallin A. Alaushens	21. I CERTIFY that death occurred on the date above stated: Ihat I atjended depeased from		
6.(c) If allve, give age years	1941 19 10 death 19		
7. Birth date of	and that I last saw h. Ex. alive on September 18 19.4.		
deceased (mo., day, yr.) R AGF: Years Months Days tf less than one day	Immediate cause of death		
o. Ads.	m bolis of The Comary		
65 8 ?hrsmin,	artery following Operation		
9. Birthplace Md.	Due to		
(Town, county, and atate)			
10. Usual occupation April 100 Company of the Compa	Due to		
11. Industry or business			
12 Name Jorney 7 not	Other conditions alung curumuma		
12. Name Delling Many	A gall blicker 3mon		
× m 21.10	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations And Assantis a clean colling on		
El 15. Birthplace	pale Hadder Date of op any 18/189		
16. Interman! Mr. Walter J. Aguetiens	Antopsy results		
Address A whenevelle Tuel.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
13 -14 - 10 / John 20 1941	22. VIOLENCE: It death was due to external causes, till in the following;		
(Burial, cremation, or removal Which?) Date thereof function (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
I Of the mil	Injured at home, farm, industry, public, place (where?)		
Location Day Musiculary Mills	Injured at nome, tarm, industry, public, place (wherear)		

Address...

PLAINLY, is especially Means of Injury 1B. Funeral director Address

23. SIGNATURE.

M. D. or other Date signed 9/18





PLEASE

VS A15

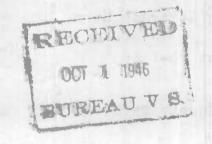
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-4)

	08897	
Reg.	Diat. No. 7/	

1. PLACE OF DEA	THCarroll		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
County		Pumol	State Maryland Coun	carro]	1
City or town(If or	utside city or town lim	Rural its, write RURAL and give nearest town)	City or town Linwood Rura	1	
How long in above place	of death? Lili	etime	(If outside city or town limits		
Hospital, Institution, or	street address where de	eath occurred:	Street No. Uniontown R	LOCATION)	• • • • • • • • • • • • • • • • • • • •
	Institution?		2.(a) If veteran, name war None		***************************************
3. (a) FULL NAME			2.(-)	3. (b) Social Security	
3. (a) POLL NAME	Edward	Hawn		None	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	A.M
Male	White	Married	2D. DATE OF DEATH Sept 20-	1946	1030
	Mrs	Gertrude Hawn	21. I CERTIFY that death occurred on the date abo	re stated; that I attended dec	eased from
B.(O) Name of hespane	OI WITE	R (e) If allwa wive awa weare	19.	43, 10 Sept 2	60 19 48
7. Birth date of	Anguet	6.(c) If alive, give ageyears	and that I tast saw h alive on		
deceased (mo., day, y		Bays If less than one day	Immediate cause of death	decesse	years.
6. AGE.		Ohrsmin.	with person		
9. Birthplace C:	arroll Co	unty Maryland	Due to		**
	(town, c	ounty, and state)			
	Retired		Oue to	***************************************	
The state of the s		lawn	Diher conditions		
12. Name	Maryland				
1 .1		iner	(Include pregnancy within 3 r	months of death)	
14. Malden name	Maryland		Major findings of operations2		
≥ 15. Birthplace					,
16. Informant		lawn	Actopsy results	hich death shoold be charge	statistically.
Address		ster, Maryland	22. VIOLENCE: If death was due to external cau	uses, fill in the following;	
17. Buri	al, or removal. Which?)	Date thereof Sept 22-1946 (month) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or cremato	Luther	an Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Unionto	own, Maryland	Injured at home, farm, industry, public place (w		
18. Funeral director D.D. Hartzler & Sons			Means of Injury	Injured at work?	
		& New Windsor Md	23. SIGNATUREMEN / Thered	J.M.D.	
19 9/22	-/ 1946	m the		M. D M. D M. D Date signed	or other 9-21-46
(Date fee'd by re	egracer)	Legistrar	HUUNGSS. A. W. LETTLE CONTROL TO THE CONTROL THE CONTROL TO THE CO		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08898

CERTIFICATE OF DEATH

74

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
UUIII 7			State Maryland County			
City or town. (If outside city or town limits, write RURAL and give nearest town)			Reltimore			
How long in above place of death? 2 months, 11 days			(If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:			Street No. 704 Cumberland St. (If rural, give LOCATION)			
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.			2.(a) If veteran, name war.			
3. (a) FULL NAME				a.(~) (1 velocati, name va	3. (b) Social Security	Nambar
J. (a) I OLL MAINE		HORTENSE HENF	RY		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorce		MEDICAL CE	RTIFICATION	
female	col.	single		20. DATE OF DEATH September 2		.12:15P
				21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
		***************************************		July 15, 19 46 to Sept. 26, 19 46		
7. Birth dale of		6.(c) If allve, give age	years	and that I last saw h er alive on Sept. 26, 19 46		
deceased (mo., day, ye		nber 20, 1919		Immediate cause of death		DURATION
8. AGE: Years		Days If less than one day		Pulmonary Tuber	culosis	
		6hrs.				1946
9. BirthplaceBE	altimore	Md.		Due to	•••••••••••••	***************************************
9. Birthplace Baltimore, Md. (Town, county, and state) Domestic						
10. Usual occupation		,		Due to	***************************************	****
11. Industry or business		200 0000			••	
12. Name William Henry 13. Birthplace Virginia			Dther conditions	*******************************	*** ***********************************	
			(Include pregnancy within 3 months of death)			
14. Malden name Dorothy White 15. Birthplace Virginia			Major findings of operations.			
	Virgini				Date of op	
16. Informant De	ceased	·		Antopoy results.	· L J. A L L L L L L L.	d and the lands
Address	1 Can	ballo		PHYSICIAN: Please underline the cause to wh		u statisticany.
17 Buria	Ŕ	Dale Thereof Sept 35	1796	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
(Burial, cremation,	or removal. Which?	(month) (day)	(year)			
Cemetery or crematory MD argum			Where did Injury occur?(City or town)			
Location 13.0	themore	, Md.	************	Injured al home, farm, Industry, public place (wh		
18. Funeral director	Seo G.	Kelson		Masas of Injury	Injured al work?	
Address / 302	Lesstr	nan Stut	7	Muhou Kh	Huay m	κ.
Sept. 2	6, 19 46	alled of Jans	while		M, D	or other 9-26-46
(Date rec'd by reg	gistrar)	Deputy Local	Registrar	Address Henryton, Md.	Date signer	



maryland state department of health $\gamma \sim 08899$

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants eve residence of mother)		
City or town Linesboro, ma,	State Ga gounty Joses		
City or tewn	City or town		
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Sireet No. Juneboro # 2		
***************************************	(if rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME James St. Hetric	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or discreed	MEDICAL CERTIFICATION		
mak w married	MEDICAL CERTIFICATION		
mas a manual	20. DATE OF DEATH. Sef 10 19 46 15.15 P. M		
Hester Houch	21. I CERTIFY that death occurred on the date above stated: that I atlended doceased from		
6.(b) Name of husband or wife	2 19 19 19		
years	Suu unit		
7. Birth date of deceased (mo., day, yr.) (0 + 8 - 1874	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
7/ // 2hrsmin.	Carriery Amilia Durin		
york to			
9. Birthplace	Doe fo		
10. Usual occupation facus Falorer			
	Due fo		
11. Industry or business			
12. Name Cerraniul Helick 13. Birthplace	Other conditions		
¥ 13. Birthplace			
14. Maiden name Cengeline Sabbs	(Include pregnancy within 8 months of death)		
R.	Major findings of operations		
E 15. Birthplace	Date of op.		
16. Informant Cletus Hebrick	Antopsy results		
Address Teneloro, med. 42	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Bararil 1.8 13 1946	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burisi, creation, remoderate) (Burisi, creation, remoderate) (Burisi, creation, remoderate)	Accident, suicide, or homicide		
Therman Church			
Cemetery or crematory	Where did injury occur?		
Location Harrow, Co. 110	Injored at home, farm, Industry, public place (where?)		
Al Soell's Dong	Means of Injury Injured at work?		
18. Funeral director.	& manuil C Porter fine		
Address Skey (Cock, 80	actions Dearly Made Colomons		
ett in 11 al al Reland	23. SIGNATURE D. or other		
(Deteror d by poristrar)	Address Hours tend md note stoned 9-1246		





	y. The correct a
3	EASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.
DN	of inform ses of dea
INDI	item e cau
OR B	every
ED F	upply se wi
MARGIN RESERVED FOR BINDING	INK. Sa
NID	DING
MAR	UNF.A
	WITH
	NLY, ecially
•	PLA1 is esp
A15 9-45-15	WRITE
A15	EASE

Henryton, Md.

17. Survey (Burial, eremation, or removal, Which?)

Address

Location .

18. Funeral director

Cemetery or crematory...

			CERTIFICAT	E OF DEATH	Reg. Dist. No		
City or town	Henryton If outside eity or town lace of death? or street address where	death occurre	RURAL and give nearest town) O mos., 10 days ed: Sanatorium ton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Caroline City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) it veleran, name war.			
3. (a) FULL NA			ROLAND HUBBARD		3. (b) Social Security Number 213-18-4525		
4. Sex	5. Color or race	6.(a)Sing	gle, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	col.		single	20. DATE OF DEATH. September	19, 1,46	.2:10P	
6.(6) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 9. 19.42 to Sept. 19. 19. and that I sast saw h im alive on Sept. 19. 19. Immediate cause of death. Pulmonary Tuberculosis 1942			
9. Birthplace 10. Usual occupation of the second occupation occup	Denton, l Ship Ship Minos Hu Caroline Bessi Carol	Yard bard Coun Smi	Laborer ty, Md. th ounty, Md.	Due to Dither conditions	months of death)		
16. Informant Reuben Hoffman, M.D.				Autupsy results. PHYSICIAN: Please underline the cause tu which death should be charged statistically.			

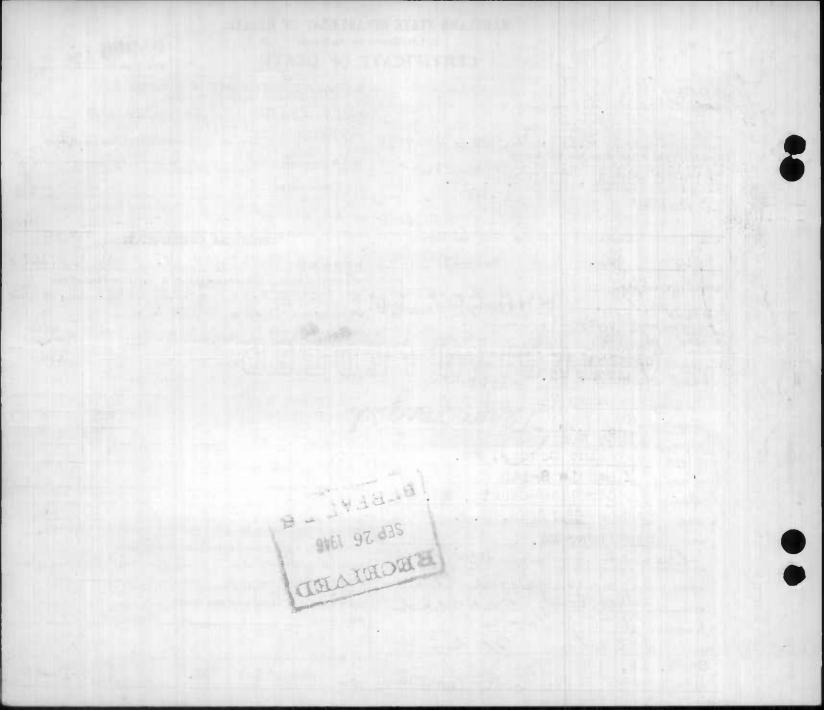
22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide.

Where did injury occur? (City or town) (State) Injured at home, farm, Industry, public place (where?)

injured at work? Means of injury

Henryton, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08901

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State Md County Carriel
7	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Emile Huet	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a)Slogie, married, widowed, or divorced	MEDICAL CERTIFICATION
m w m	20. DATE DE DEATH Sefet 9 1946 at /120 5 M
6 - 1 -1	
6. (b) Name of husband or wife & Massila M. Theel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Staff & 1846, 10 Safet 9 1846
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
	Land Man Sp
67 3 Smin.	Stowach
9. Birthplace Balts	
9. Birihplace	Due to
10. Usual occupation. Las mins	***************************************
	Due to
11. Industry or business	
= 12. Name Calerine Other	Other cooditions
13. Birthplace (Ballo	
KI Come / Charles	(Include pregnancy within 3 months of death)
14. Malden name. William	Major findings of operations
15. Birthplace Volar Fords Co	Date of op.
se lateral mes Emma me The solo	
16. Informant	Autopsy results
Address Ullion But Coll	
17 December 10, 46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Bate thereof (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mestern Com-	Where did injury occur? (City or town) (County) (State)
ab Ot	
Location	injured at home, farm, industry, public place (where?)
18. Funeral director Descript T. Musbaum	Means of Injury Injured at work?
0 111 + 1 1	6110
Address Reislergen gud.	23. SIGNATURE O. V. Rego
Q-10 //11 b/and	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Illesty Dury Bate signed 9-9-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



08902 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	State Maryland County			
Rural near Sykesvitte (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Springfield State Hospital	State County County			
How long in hospital or institution? 14 yr., 1 mo., 16 days	(If rural, give LOCATION) 2.(a) If veteran, name war			
3.(a) FULL NAME Harry C. Hutchinson	3.(b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White married	2D. DATE OF DEATH September 3 1946 .5:00	A. M		
6.(b) Name of husband or wife Nora Lee Blake	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1s 43 to Sept. 3 1s 1s	46		
7. Birth date of Normal 29 7.00	and that I last saw h. fm alive on September 2 18	46		
deceased (mo., day, yr.) March 28, 1892	Immediate cause of death			
8. AGE: Years Months Days If less than one day	Coronary occlusion insta			
9. Birthplace Baltimore City, Maryland (Town, county, und state) 10. Usual occupation Street car conductor (retired	Due to			
	Diter conditions Dementia Precox,			
12. Name James Hutchinson 13. Birthplace Baltimore City, Maryland	paranoid type (Include pregnancy within 3 months of death)			
14. Maiden name Ruth Reisinger 15. Birthplace Baltimore City, Maryland	(Include pregnancy within 3 months of death) Major findings of operations			
16. Informant Springfield State Hospital Records	Antopsy results			
Address Sykesville, Muryland 17. Burial Date thereof 9/6/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemetery or crematory Loudon Park Com.	Where did Injury occur?	10200000000		
Location Balto., Md.	Injured al home, farm, industry, public place (where?)	**********		
18. Funeral director. WM. J. TICKNER & SONS Address Balto., Md.	Robert Bertrand May, M.D.)		
19. Sept 5 19 \$6 Q. W. Wednich (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE Soft Soft and M. Dorother Springfield State Hospital Sykeaville, Maryland Address. Date signed 9-3-4	6		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(18903 Reg. Dist. No. 24

1. PLACE OF D	EATH: Carroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	Sykesyille	*****************	***************************************	Stale Maryland County Baltimore City			
City or town				City or town 1459 Woodall Street, Baltimore, Md. (If outside city or town limits, write RURAL and give nearest town)			
					e LOCATION)	1/	
How long In hospital	or Institution?4	ears,	l month	2.(a) If veteran, name war			
3. (a) FULL NA	ME aret Irwin				3. (b) Social Security	y Number	
4. Sex	5. Color or race	6.(a)\$ingi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Female	White	D:	ivorced	20. DATE OF DEATHSeptember		6:45 Am	
7. Birth date of	0/0/20	6.(win	21. I CERTIFY that death occurred on the date at	bove stated; that I attended de	ceased from	
deceased (mo., day	ars Months	Days	If less than one day	Immediate cause of death		DURATION	
53	7	4	hrsmln.	Pulmon son Duberculos	2-3	3 days	
11. Industry or busin	Housewi ess drew Hemeri	fe	mtate)	Due to	melancholia	17 ys:	
14. Malden nam	Maryland			(Include pregnancy within 3			
	cords of Sp kesville, M		eld State Hospital	PHYSICIAN: Please uoderline the cause to	which death shoold be charge		
17. But (Burial, cremati	ion, or removal. Which	Date ther	11. 10 1. 1041	22. VIOLENCE: If death was due fo external can accident, suicide, or homicide	Date of	(State)	
18. Funeral director	Mrs Chiles	elles E	Alevers	Means of Injury	Injured at work?		
00	6 19HE		Hary Elew Register	23. SIGNATURE Pringfield State			

SEP 10 1946
BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



CERTIFICAT	E OF DEATH Reg. Dist. No.	<u></u>		
1. PLACE OF DEATH: county Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)	state Maryland countyn Frederick	*************************		
(If outside city or town limits, write RURAL and give nearest town)	City or town Frederick (If outside city or town limits, write RURAL and give nearest	*******		
How long in above place of death? 3 months, 3 days		town)		
Maryland Tuberculosis Sanatorium	Street No. R.F.D. 4.			
Colored Branch, Henryton, Maryland.	(If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Num	ber		
ELLA LOUISE JACKSON				
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
		7 004		
female colored married	2D. DATE OF DEATH September 13, 19 46 1	I.UUA M		
6.(b) Name of husband or wife	June 10. Sept. 13	9 19 46		
7. Birth date of deceased (mo., day, yr.) April 5, 1923	and that I last saw h. er alive on September 13,			
deceased (mo., day, yr.) APTI 5, 1925 8. AGE: Years Months Days 11 less than one day	Immediate cause of death	DURATION		
o. Aut.		lov. 1		
23 5 8hrsmin.		L945		
9. Birthplace Frederick County, Md. (Town, county, and state)	Due to			
(Town, county, and state) Housewife				
1D. Usual occupation. MOUSEWIIE	Due to.			
11. Industry or business				
# 12 Name Welford Weadon	Other conditions			
F 2 2 - 2 - 0 368				
	(Include pregnancy within 3 months of death)			
14. Maiden name Gertrude Bowens	Major findings of operations			
2 15. Birthplace Frederick County, Md.	Date of op.			
16. Informant Welford Weadon	Antopsy results.			
	PHYSICIAN: Please underline the cause to which death abould he charged statis			
Address R.F.D. #4, Frederick, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial, cremation, or regional, Which?) Date thereof (month), (day) (year)				
	Accident, suicide, or homicide Date of	*****************		
Cemetery or crematory Section Section Company	Where did injury occur?	tate)		
Meas adhuston Mil	Injured at home, farm, industry, public place (where?)	*****		
Location Comments of the Comme	Meens of injury injured at work?			
18. Funeral director. M. C. Chesou & Sou	The state of this is			
Address Frederick, Ind	23. SIGNATURE (Declared Hopeway M. D. or ot	7		
9/13 46 albert R. Swandhan	M, D, or ot	/3 52 / A C		
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Address Henryton, Md Bate signed 9	/13/45		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
SEP 19 1946
BUREAT

1 PLACE OF DEATH

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08905

CERTIFICATE OF DEATH

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	R

2. USUAL RESIDENCE (HOME) OF DECEASED:

og. Diat. No. 74

a. Carro	11		***************************************		infants give residence of a			
City or townHe	nryton utside city or town lin	nits, write R	URAL and give nearest town)	City or town(1f	and cou Easton outside city or town limits	, write RURAL and giv	ve nearest town)	
Hospital, Institution, or	street address where d	eath occurred	Maryland	Street No321 South Street				
			(Colored)		(If rural, give		V	
		me as	ab ove	2(-7)1 (00)44, 4-40				
3. (a) FULL NAMI		CE MA	Y JOHNSON			3. (b) Social Section 182-20	9-4985	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL CI	ERTIFICATION		
Female	colored	sing	gle	20. DATE DE DEATH	September] 19	46 . 7:45a	
6.(b) Name of husband 7. Birth date of deceased (mo., day,)		6;(c) If alive, give ageyears	21. I CERTIFY that do	eath occurred on the date abo May 17 19. er alive on Se	ve stated; that fattender 45 , sept pt. 1	d deceased from 1946 1846	
8. AGE: Years 26	Months	Days 28	If less than one day	Immediate cause of Pulmo	nary tuber	culosis	4/6/45	
	factory		tate) P.T.					
12. NameCh	Easton, 1	ward			ciude pregnancy within 3 r			
14. Maiden name.	Cather Easton	ine M., Md.	iller	Major findings of or	perations			
			, M.D.	Autopsy results PHYSICIAN: Please	e underline the cause to w	hich death should be ch	arged statistically.	
17. Burial, cremation	denryton,	Date there	(uponth) (day) (year)	Accident, suicide, or	death was due to external cau r homicide	Date of		
	Rich		,		(City or town) m, industry, public place (w	here?)		
18. Funeral director	R Elle	is	lark	Means of Injury 23. SIDNATURE	Recher to	Injured at work	277 - 7 d. D. or other 9-1-46	

SEP 9 1946
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tipe ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0

CERTIFICATE OF DEATH

08906

Reg. Diat. No...

county Carro			***************************************	2. USUAL RESIDENCE (HOME.) OF DECEASED: (For newborn infants give residence of mother)			
		tate Ho	spital URAL and give nearest town)	state Md. County Baltimare			
Now long to shove place	of death? 18	vrs. 7	mos. 6 days				
Hospital, Institution, or				Streel No.			
			1 7 mos., 6 days	(if rurnl, give LOCATION) 2.(a) If veteran, name war	1/		
3. (a) FULL NAM							
, ,	Sadie C.	Jones		3. (b) Social Securi	ity Number		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	W	Ma	rried	20. DATE OF DEATH Sept. 17	16 at 1:558 am		
6.(b) Name of husband or wife. Ashby Jones				21. I CERTIFY that death occurred on the date above stated; that I attended d	leceased from		
***************************************			e) if alive, give ageyears	Feb. 11, 19. 28 to Sep. 1			
7. Birth date of deceased (mo., day,	Aug.	27, 187	1	and that I last saw h. e.r. alive on Sep. 16.			
8. AGE: Years		Days	If less than one day	Immediate cause of death Chronic myocarditis			
75		20	hrs. min.	Generalized arteriosclerosis			
9. Birthnlace		Vi	rginia _{tate)}	Due Io			
				Cerebral thrombosis			
				Due to	*******************		
tt. Industry or busines							
	ohn Chris			Other conditions Fracture of right hip			
			ginia	Due to : Creedantal Fall. Constant			
#HLOW 14. Maiden name 15. Birthplace	Jeannet		Christman	Major findings of operations	***************************************		
			ginia	Date of op	***************************************		
t6. Informant	lospital r	ecords		Autopsy results			
Address				22. VIOLENCE: If death was due to external causes, fill in the following:	,cu statistically:		
17 Buria	1	Date There	of 9/19/46 (month) (day) (year)	Accident, suicide, or homicide	uly 16, 1946.		
			metery	Where did injury occur? of single Strate Hos fittale. (County)			
				(Cfty or town) (County)			
			r Ave.	Means of injury Occidental Falls injured at work?	***************************************		
			er & Sons	1 12 11 0 1 1 1	4.0		
Address	North & P	a. Aves	7. 11 1	23. SIGNATURE beekle V. Marshall /	7.0.		
19. 9/1	19 4 (0	160 Sedus	/M. 1	D. or other		
(Date rec'll by re	gistrar) (Registrar	Address Springfield State Hosp. Date signi	ed 7=1/=40		

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	n .	State Maryland Cou	unty	
(If outside city or	town limits, write RURAL and give nearest town)	City or town Baltimore		
How long in above place of death?	yr., 7 mos., 1 day	City or town. DAL CIMO PE	s, write RURAL and give nearest town)	
Hospital, Institution, or street address		Sireet No. 1129 N. Gilm		
Maryland Tube	rculosis Sanatorium	(If rurat, give	LOCATION)	
How long in hospital or institution?	n, Henryton, Md.	2.(a) tt veteran, name war		
3. (a) FULL NAME	ohn Kiah		3. (b) Social Security Number	
4. Sex 5. Color or ra	S.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male col	. single	20. DATE OF DEATH September	23, 1946 1 12:10	
& (h) Name of husband or wife		21. I CERTIFY that death occurred on the date abo		
			45 to Sept. 23, 19 46	
7 Dieth date of		and that I last saw hI.Malive onSeI	ot. 23, 18.46	
	y 30, 1915	Immediate cause of death		
8. AGE: Years Months 31 3	Days tt less than one day 23 hrsmin.	Pulmonary Tubero	Sept.10	
9. Birthplace Anne A	rundel County, Md.	Due to		
Sel	ling papers			
tD. Usual occupation		Due to		
11. Industry or business				
Tage Vernon Value Value Vernon Value Value Vernon Vernom	Kiah	Dther conditions	***************************************	
13. Birthplace Unknown	1	(Include pregnancy within 8		
Made	line Kiah			
14. Malden name Made 1		Major findings of operations		
16. Informant Decease	∋a	PHYStCtAN: Please underline the cause to w	hich death should be charged statistically.	
Address				
13,1400	Date thereof 9/25/46.	22. VIOLENCE: If death was due to external car		
(Burial, cremation, or removal.)	Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	T' (Celsany : Cem:	Where did injury occur?(City or town)	(County) (State)	
Location A A	is mal.	Injured at home, farm, Industry, public place (w	where?)	
t8. Funeral director Metro	Soletan Ferrenal Hante	Means of Injury	Injured at work?	
Address 9296 71	ment At.	1/2.2.	10 P 20 1	
0-23-	16 (10) 12 1 61	23. SIGNATURE CERCLE	M. D. or other	
19. (Date rec'd by registrar)	Deputy Local Registrat	Address Henryton, Md		
(2000 100 00) 108.20.001/				

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

WRITE

PLEASE



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~	 -	1	1		

			CERTIFICAT	TE OF DEATH Reg. Diat. No	**********
Manaital Institution of t	Henryte	month	URAL and give nearest town) IS, 10 days Sanatorium ton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town Turners Station (If outside city or town limits, write RURAL and give nearest to street No. 103-A Morten Court (If rural, give LOCATION) 2.(a) If veteran, name war.	wn)
3. (a) FULL NAME		E	VA LAWS	3. (b) Social Security Number	r
female	5. Color or race	1000	arried, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH September 28, 1946, 216	
8.(b) Name of husband of husband of husband of husband of deceased (mo., day, yr	July (tf alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased tro Oct. 18, 19 45 to Sept. 28, and Ihat I last saw h. er alive on Sept. 28, Immediair cause of death.	19.46
8. AGE: Years 26	Months 2	Days 21	If less than one dayhrsmin.	Pulmonary Tuberculosis Au	g. 1, 945
1D. Usual occupation 11. Industry or business 12. Name	Réive Edward M Unknown Katie	ter cCoy		Due to	
Address Address 17. Add. Address 18. Funeral director Address 3 2 2	t port. Wis hates	Date there	34- 20 Jay 1946 20 Mary (year)	Date of op. Astopsy results. PHYSICIAN: Please soderline the cause to which death should be charged statistic 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (Statistical County) Injured al home, tarm, industry, public place (where?) Msans of injury Injured al work?	
19. Sept.	28, 19 46	all	Deputy Localegistrar	Address Henryton, Md. Date signed 9-2	8-46

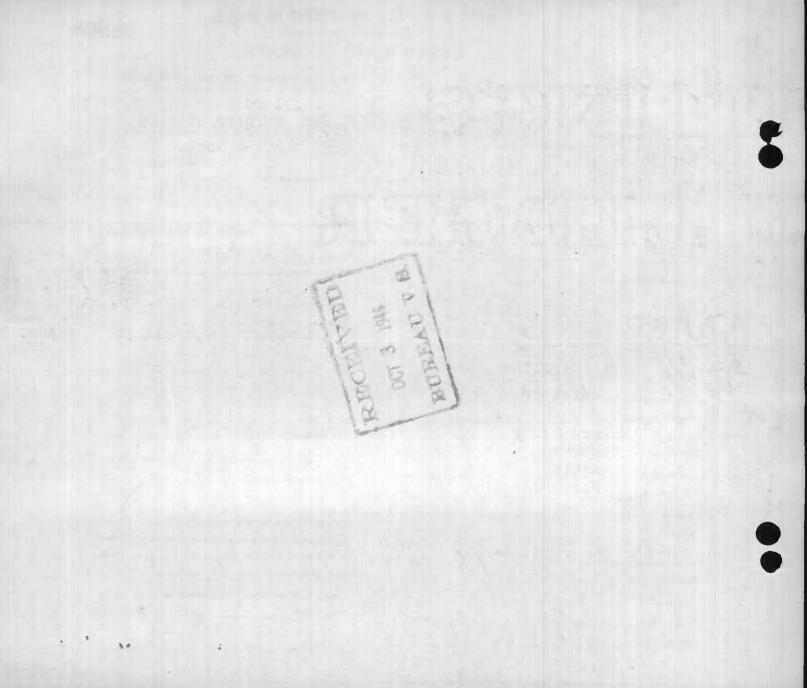
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

FOR BINDING

MARGIN RESERVED



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town (If outside city or town limits, write RURAL and give nearest town)	State Marghand County Carth			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town			
Hospital, Igetitution, or street addross whore death occurred:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Christ Greaty Home	Street Ho			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
William Leise				
4. Sex 5. Color or raco 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
m. W. snigle	20. DATE DF DEATH 9-13- 1946 at 4-9 M			
6.(b) Name of husband or wite.	21 I CERTIFY that douth occurred on the date shove stated; that I stiended deceased from			
C (A) M altina along alo	8-18-1946, 10 9-18-1948			
7. Birth date of	and that I last saw harmonalivo on			
decoased (mo., day, yr.) 8. AGE: Years Marths Days If toss than one day	Immediate cause of death			
72 4 19 hrs. min.	The state of the s			
Portuge Civille had.	Calva selvoses 10 m			
9. Birthplace (Town, county, and state)	Due to.			
10. Usual occupation Latrice	Due to			
11. Industry or business				
12. Name Alan A Lesse.	Dither conditions			
13. Birthplace Wash. C. Mid	(Include pregnancy within 3 months of death)			
14. Maiden name Mazzi arthur				
15. Birthplace Fred Co. ned.	Major findings of operations.			
n. R. 1 = 1 a	Date of op.			
18. Informant Andrews Comment of the	Antopsy results PHYSICIAN: Please underline the caose to which death should be charged statistically.			
Address Courty Ame Julianusante Ma	22. VIOLENCE: It doath was due to external causes, fill in the following;			
(Boriai, cremation, or removal. Which?)	Accident, suicide, or homicide			
Cometery or cromatory Country Home Cometers	Where did injury occur?			
Location May bushinemate Carroll C. Mad.	Injured at home, farm, industry, public place (where?)			
a c mand a	Means of tnjury tnjured at work?			
18. Funersi director	n x n 10 -			
Address hope to see the see th	23. SIGNATURE M. D. or other			
19. (Date fee d by registrar) Registrar	-Nathanasta 9.14-41			
(Date reg d by registrar) Registrar	Address Date signed			

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (84d)

CERTIFICATE OF DEATH

Reg. Dist. No. 74

Couofy	Carr	oll	******************	***************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown	Syk	esville		RURAL and give nearest town)	State Mala Con	inty Sarrell	<i>X</i>
Now long to ah	ove place of	death? 31 V	rears7	months5days	City or town	PILDAI	
Hospital, Instit	tution, or st	reet address where	death occurre	d:	The state of the s		1
		eld Sta			Street No	LOCATION)	/
		sfitution?3.13	ears7	months6days	2.(d) tt veteran, name war	.**	<u> </u>
3. (a) FUL	L NAME					3. (b) Social Securit	y Number
Albe	ert G	. Lipso	omb				
4. Sex		5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male		white		Unk.	20. DATE DF DEATH September	12 19 46	10:55A
6.(6) Name of husband or wife. Daisy					21. I CERTIFY that death occurred on the date abo		
	***********			(c) It alive, give ageyears	July 4, 1946	, Septem	nber1246
7. Birth date of deceased (mo., day, yr.) March 21, 1868					and that I last saw halive on		19.40
8. AGE:	Years	Months	Days	It less than one day	Immediate cause of death Senilit	y	
6000	78	5	21	hrs,min.		***************************************	10years
9. Birthpiace.		(Town,	Garr	ett Co. Md.	Due to.		
		Town,	county, and	stato)			10010
10. Usual occ	upation	Tabolei	****************		Due fo		*****
11. todustry or						***************************************	
	Tho		Lipso	comb	Other conditions paranoid co		
1			h Roc	lehever	(Include pregnancy within 8 a	nonths of death)	••••
0					Major findings of operations		•••••••••
15. Birthp		arrett				Dafe ot op	*****************************
16. Interment.	prin	griekd	State	Hosp Records	Autopsy results		
Address	Sykes	ville,	Md.		PHYSICIAN: Please underfine the cause to wi		d statistically.
17.00	ini	removal. Which?	Date ther	eof 9-15-46 (month) (day) (year)	22. VIOLENCE: If death was due to external cau		
			//	(month) (day) (year)	Accident, suicide, or homicide,		
Cemetery or crematory					Where did injury occur?(City or town)	(County)	(State)
Location Samet & M.S.					Injured af home, farm, Industry, public place (wi	here?)	
18. Fuoeral di	rector.	olden	O.H.	meral & Horne	Means of injury	Injured at work?	
Address	0	alla	11	ust.	Hours of n	grederis	bon M B
	N	12 41		Offerson Yelreal	23. SIGNATURE	м. г), or other
Date ec	d by regist	2 19HG		Registrar	Address Sykesville .Md.		Sept12,46

BURLA SEP 16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

1. PLACE OF D			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County Carr		***************************************			
city or townSyk	esville	timits, write RURAL and give nearest town)	State Maryland cou	nty	
	e of death?		City or town Baltimore (If outside city or town limits	write RURAL and give ne	arest town)
Hospital, Institution, o	r street address where	e death occurréd:	2216 Filomolia		
Springf	ield State	Hospital	Street No. 2210 E11675110 A		
How long in hospital	or Institution?	10 Lays	2.(a) If veteran, name war		
3. (a) FULL NAM	IE			3. (b) Social Security	Number
Joh	n Lloyd				
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CH	ERTIFICATION	
Male	White	widower	20. DATE OF DEATH Sept 20	19.26.	at 4 PP P.
6.(b) Name of husban	or wife Sadie	Davis Lloyd	21. I CERTIFY that death occurred on the date abo		
			September 10.		
7. Birth date of			and that I last saw h1malive on	. 20	19 76
deceased (mo., day,	1 1/-		Immediate cause of death		DURATION
8. AGE: Year	rs Months	Days If less than one day			***************************************
16		6hrsmln.	Bronchomeumona	001000010111011111111111111111111111111	10 days.
a Riethniace Ha	rford Cour	ity, Maryland	Due to		/
o. Dirtiplace					
10. Usual occupation.	Carpente	P	Due to		
11. Industry or busine	\$3	The second secon	DUB 10		
El 12 Nama Ro	bert W. L.	loyd	Other conditions Programs - Co	ulril	
13. Birthplace V			() +1. V () .	T.T. D	3 years
K. 13. Birtinplace	4/	/	(Include pregnancy within 8 m	nontha of death)	1 0
14. Maiden name	Un	<u> </u>	Major findings of operations		
2 15. Birthplace	Maryland			Date of op	
16. Informant Re	cords of S	Springfield State Hospits			
			PHYSICIAN: Please underline the cause to wh		
Address Sy	kesville,	Maryiand	22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
17.00 un	n, or removal Which	Date thereof (day) (year)	Accident, suicide, or homicide		
	01/-	All a Ti			
Cemetery or cremator			Where did injury occur?		
Location Do	May 7	a	Injured at home, farm, Industry, public place (wh	nere?)	
18. Funeral directors	Aubert	- P Farkins	Means of Injury	Injured at work?	
Address	Delta	The.	Par DA N	Sicht n	1.0 -
afelt.	01 161	C Harry Whee	23. SIGNATURE	M. D.	or other
19. (Date rec'd by r	egistrar)	Registrar	Address A. Horg. A. fer-	les pul Date signed.	9-20-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



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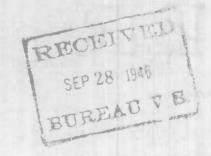
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-

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X	(2)		0)	77	X
Reg. I	Diat. N	lo.		6	4

1			CLRTITICA	IE OF DEATH	Reg. Diat. No	/ Z
How long in above place of deal Hospital, institution, or street Maryland Tul Colored Bra How long in hospital or institu	rton eity or town lin h? 4 y address where to	rs. 1 death occurred	Sanatorium	City or town. Baltimore (If outside city or town limits, w. 17 S. Schroe (If rural, give LOC 2.(a) If veteran, name war.	rite RURAL and give ne	arest town)
3. (a) FULL NAME		TILD	IE McCULLOUGH		3. (b) Social Security	Number
4. Sex 5. Co	lor or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CER	THEICATION	
male	col.	W:	idowed	20. DATE OF DEATH September 2.	1, 1946	7:00A
6,(b) Name of husband or wife T. Birth date of deceased (mo., day, yr.)		6.(6	e) tf alive, give ageyear	and that I last saw h	2 . Sept. 21,	21, 19 46
o. Ada.	Months	Days	ti less than ono day	Immediate cause of death Pulmonary Tubercul	osis.	
55	0	21	hrs min.			1942
11. Industry or business 12. Name Tildi 13. Birthplace SC	Labore: Le McCu outh Ca Maggie	r ulloug arolii White	gh na	Dus to		
15. Birthplace	South (Caroli	ina			
Address 17. Supple (Burial, eremanon, or ret	moval. Which?)		(month) (day) (year)	Anlapsy results PHYSICIAN: Please underline the cause in which 22. VIOLENCE: if death was due to externat causes, Accident, suicide, or homicide	death should be charged fill in the following:	statistically.
18. Funeral director//// Address 2 2 9 1. 19. Sept. 21, (Date ree'd by registrar	Acho	Rock	Villen Street M. Sosukhan	Means of Injury 23. SIGNATURE	Injured at work?	or other



1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

08913

Reg. Dist. No.

CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

Carroll	(For newborn infants give residence of mother)
70001117	State Maryland county Carroll
City or town Westminster (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? 9 Years	City or town Westminster (If outside city or town limits, write RURAL and giva nearest town)
Hospital, Institution, or street address where death occurred:	Street No. East Main Street
Methodist Protestant Church Home	(If rural, give LOCATION)
How long in hospital or institution? 9 years	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Virginia Helen Moor	es 2000e
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	
Temare Will Ce Studie	20. DATE OF DEATH Sept. 14 1946 at 3 p. m
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that allement deceased from
	19/0 4 19/0
7. Birth date of	and that I last saw he all y D / 19 / 6
deceased (mo., day. yr.) May 21, 1869	Immediate cause of death egets augustion
8. AGE: Years Months Days tt less than one day	Hemarkell Gdey
77 3 24hrsmin.	
9 Richhilage Maryland	- Mr Hellrons, 9 4/21
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	
	Due to
11. Industry or business	
E 12. Name Samuel L. Moores	Other conditions
Samuel L. Moores 13. Birthplace Maryland	
	(Include pregnancy within 8 months of death)
	Major lindings of operations.
	Date of op.
18. Informant Mrs. George K. Mather	Autopsy results
Address Westminster, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 . 2 17/1/2016	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial cremation, gremoval, Which?) Date thereoi (month) (day) (year)	Accident, suicide, or homicide
Company of Change Protestant Episcopal Cem.	Where did injury occur? (City or town) (County) (State)
Location Reisterstown, Md.	Injured at home, tarm, industry, public place (where?)
Walter Brooks Bradley	Means of Injury Injured at work?
1922 W. North Ave. Balto. Md.	Q. () ()
Address Hot cit Rve. Ballooc Inc.	23. SIGNATURE A COOPERATE
J. K. Ill and up a	M. D. or other
(Date rec'd by registrar)	Address Date signed



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U8911

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
				State MARY LAND County CARRELL		
City or town			RURAL and give nearest town)			
How long in above place of	dealh?			City or town		
Hospital, Institution, or str	reet address where	death occurred	1:	Street No. 289 E.	MAIN ST.	
		• • • • • • • • • • • • • • • • • • • •	***************************************		give LOCATION)	
How long in hospital or in	stitution?			2.(a) If veteran, name war		
3. (a) FULL NAME			72 6		3. (b) Social Security	Number
			VARD B. ORNDOI	REE	NONE	
4. Sex 5	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
MALE	WHITE	1	VIDOWED	20. DATE OF DEATH	27. 19.46	, at 9 . A . M
6.(6) Name of husband or	wife	OCE O	RNDORFE	21. I CERTIFY that death occurred on the date	above stated; that I attended dece	ased from 2 7 19 46
7. Birth date of		B.(c) It alive, give ageyears	and that flast saw h. J.M. alive on	0 7 -1	19 44
deceased (mo., day, yr.)	SEP	T. 16,	1879	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day	Tubulario ((ch)(Palm)	Sweets
67	0	11	hrsmin.			year-
			MD state)	Due to		
10. Usual occupation	LABOL	'e		Due to		
12. Name		A. O.	RNDORFF	Dther conditions		
			USKAEY	(Include pregnancy within	n 8 months of death)	
14. Malden name	M	RYLA	ND	Major findings of operations.	Date of op.	
			NEH	Autopsy results		statistically.
Address	WESTA	LINST	ER, MD.	22. VIOLENCE: If death was due to external		
17	r removal, Which?)	Date ther	eol 9/30/46 (month) (day) (year)	\sim 1	Date of	4441
Cemetery or crematory.	ST. JAHNS	CATNO	LIC CEMETERY	Where did injury occur?(City or tow	vn) (County)	(State)
Location	WESTM	N.S.T.E.	R, MD.	Injured at home, farm, Industry, public place	(where?)	
			REESE	Meens of Injury	Injured at work?	
Addrycs	WEST	MIN5-	TER, MD.	23. SIGNATURE DU C.	Jemill	Law,
Date rec'd by rooks	trar) 1846	3	Ray Folker	Address Windra	M. D. Date signed	9-27-4



MARYLAND STATE DEPARTMENT OF HEALTH

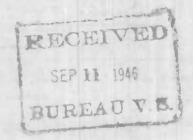
2411 N. Charles St., Baltimore

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(117-0)
(1,1,00C)

08915

1:	7			9	1
N	Reg	Dist.	No.		4

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town Park (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
3. (a) FULL NAME Zinnie Lewis Osborn	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21.		
6.(b) Name of husband or wife. Con dress Osbornel 7. Birth date of deceased (mo., day, yr.) Feb. 17 - 1875 8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.46. and that I last saw half allowed a stated and the state of death. Immediate cause of death. DURATION		
9. Birthplace 7. C. (Town, county, and state) 10. Usual occupation Management	Due to		
11. Industry or business 12. Name Venderson Lewis 13. Birthplace 7. 6.	Other conditions		
14. Malden name Panery Ulassover 15. Sirthplace 7. C. 16. Intermant Un D. J. Purming ton Address Westminster, md.	Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
11 Burial, cremation, or remoyal. Which?) Date thereof (month) (day) (year) Cemetery or crematory (month) (day) (year)	Accident, suicide, or homicide		
18. Funeral director Al Bamband Today Address Westminster md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other		
19. (Date reg of by registrar) Registrar	Address Date signed Sept 9-46		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(61)

08916

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RUEAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Sarah E. Oursler	3. (b) Social Security Number
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced S.(b) Name of husband or wife Butterf S. Courselet 7. Birth date of deceased (mo., day, yr.) Horrewood, 18. 1876	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that attended deceased from 1940 1940 1940 1940 1940 1940 1940 1940
8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state)	Jamediate cause el death DURATION DUE 10.
10. Usual occupation Appello Till Industry or business Appello Till Indust	Other conditions leaded translates
14. Maiden oams Helder Officers 15. Birthplace 16. Intermant Miss Selection Control of the Con	(Include pregnancy within 8 months of death) Major findings of operations. Bate of op. Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Library College Colle	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (H) MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

4		1	n.	US	31	6
101	A.		Reg.	Diat.	No	1.4

CERTIFICAL	E OF DEATH
1. PLACE OF DEATH: Carrolly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in the give esidence of mother) State
City or town	da Maria
How long in above place of death? Hospitot, institution, or street address when their courses.	City or town (If outside city or town limits, write RURAL and give nearest town)
Springsled Hall House	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Jour	se Pearce
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced	2D. DATE DE DEATH. MEDICAL CERTIFICATION 2D. DATE DE DEATH. 1944, al. 5 P.M.
8.(ò) Name ot husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot Sirth date ot	and that I last saw had alive on DURATION
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
	Grand Dystanding Syste
9. Birthplace	Due to.
1D. Usual occupation.	mederal willist all some proper
11. Industry or business	Dther conditions
12. Name Baylla 13. Girthplace Luguna	(Include pregnancy within 8 months of death)
	Major findings ol operations
14. Maiden oame	Date of op.
18. Informant Man Plane	Autopsy results
Address 2 3 4 W 3 7 th SA Bally	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, erematiun, ur removal, Whitch?) (Burial, erematiun, ur removal, Whitch?)	Accident, suicide, or homicide
Cemetery or crematory. At manys	Injured at home, farm, industry, public place (where?)
Location Hampoles 10	Means of injury Injured at work?
18. Funeral director & Kerry 110 4 d annual 6	MX Master MD.
Address 3615-17 Chestant Hore.	23. SIGNATURE M. D. orother
Deff. 20 1946 C. Hary Well Registrar	Address



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08918

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No. 74

Constitution Control of the control Control of the control of the control Control of the control of the control Control of the control Control of the control of the control of the control Control of the control of the control Control of the cont	1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(It cousted city or town limits, write RURAL and give nearest town) Rospial, part of death. On Month's 4 days Rospial, institution, or steral address where death occurred. Mary India Tuberculosis Sanatorium Colored Branch, Henryton, Maryland Rospial, institution, or steral address where death occurred. Mary India Institution. S. (a) FULL NAME EDISON PINDER 3. (b) Scient Security Number 2.7 - 10 - 8748 8. (c) Scient Security Number 2.7 - 10 - 8748 8. (c) Single S. (d) Full Name EDISON PINDER 3. (c) Scient Security Number 2.1 - 10 - 8748 8. (d) Full Name 8. (d) Full Name EDISON PINDER 3. (e) Scient Security Number 2.1 - 10 - 8748 8. (e) Find Security Number 2.1 - 10 - 8748 MEDICAL CERTIFICATION 20. DATE OF DEATH. September 4, 19. 46, 19. 9:00 And 19. 50 Sept. 4, 19. 46 6. (c) If alive, give are 7	County Odilic		200	Maryland Dorchester		
Sept. 4. 19 46 March 12 Sept. 4. 19 46 March 24 Sept. 4. 19 46 March 25 Sept. 4. 19 46 March 26 Sept. 4. 19 46 March 27 Sept. 4. 19 46 March	City or town	ontside city or town li	nits, write RURAL and give nearest town)	Cambridge		
Regular Institution, or street address where death accorred. April and Tuberculosis Sanatorium Colored Branch, Renryton, Maryland Renryton, Mary	Now long in above place	e of death? 3 mc	onths, 4 days	City or town. (If outside city or town limits	, write RURAL and give ne	arest town)
COLOTED Breith, Fentyton, Maryland Rew loss in hospide or inclination. 3. (c) FULL NAME EDISON PINDER Col. Single Col.	Machital Institution of	r street address where i	leath occurred:			
3. (d) Social Security Number 217-10-8748 4. Set 3. (d) Social Security Number 217-10-8748 4. Set 3. (d) Social Security Number 217-10-8748 4. Set 3. (d) Social Security Number 217-10-8748 5. Color of race Col. Single	Marylan	d_Tubercu	losis Sanatorium			
3. (6) Social Security Number 217-10-8748 4. Set S. Color or race C. (3) Single, married, videwed, or diversed Col. Single Col. Single 6. (6) Single Methods or vita. 8. (6) Halle of the set of t	How long in hospital of	or Institution?	nenry con, mary land	2.(a) If veleran, name war		
### Actions of postation and the programment of the					3. (b) Social Security	Number
male col. single 8.(b) Name of husband or wife. 8.(c) If allive, give age years deceased (no., day, yr.) Unknown 1907 8. AGE: Years Months Days (Tewn, country, and state) 9. Birthplace Cambridge, Md. (Tewn, country, and state) 10. Usual occupation. Farm Laborer 11. Industry or business 12. Name John Pinder 13. Birthplace Unknown 14. Major fladings of operations. 15. Birthplace Unknown 16. Instrumant Deceased (no., or removal, Mindel) 16. Instrumant Deceased (no., or removal, Mindel) 17. Date therest. (month) (ddy) (year) 18. Funeral director. Address Address 20. DATE DE BEATY, September 4, 19. 46, at 19. 46, at 19. 46, at 19. 46, and that I actioned deceased from May 30, and state above stated; that I attended deceased from May 30, and that I act save i. M. all no on. Sept. 4, and 46, and that I act save i. M. all no on. Sept. 4,			EDISON PINDER		, ,	
8. (b) Name of husband or wifs. 8. (c) If allve, gire age. 7. Birth date of deceased (me. day, yr.) 1907 8. AGE: Vary Months 9. Birthplace Cambridge, Md. (Tewn, county, and state) 10. Usual occupation. Farm Laborer 11. Industry or business 11. Industry or business 11. Industry or business 11. Is Birthplace Unknown 14. Maiden name. Bertha 15. Birthplace Unknown 16. Intermant. Deceased Address 11. Special of control (day) (year) Date thereof. (Cluric, cremation, or removal, Fraich) Date of op. (Cluric, cremation, or removal, Fraich)	4, Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
8. (b) Name of husband or wifs. 7. Birth date of deceased (mo. day, yr.) 8. AGE: Vers (Months Sort) (t less than one day 30.5 (t less than one day	male	col.	single	20 DATE OF DEATH September	4. 19.46	9:00A
8. (c) If alive, give age. 1. Birth date of deceased (mo. day, yr.) 1. Birth date of deceased (mo. day, yr.) 2. Birthplace. Vears Months Days tries than one day Dunation Duna						
Sept. Sept	6.(b) Name of husband	or wifa		May 30.	46 , Sept.	4, 19 46
deceased (mo. day, yr.) 8. AGE: Years Months Days triess than one day Pulmonary Tuberculos is March 1945 9. Birthplace Cambridge Md (Town, county, and state) Town, county, and state) 10. Usual occupation Farm Laborer Due to Due to Due to 11. Industry or business Due to Due to Due to Due to 12. Name John Pinder Due to						
8. AGE: Year Nonths 39(?) hrs. min. 9. Sirthplace Cambridge, Md. (Town, county, and state) 10. Usual occupation. Farm Laborer 11. Industry or business 12. Name John Pinder 13. Birthplace Unknown 14. Maiden name. Bertha? 15. Birthplace Unknown 16. Informant Daceased Address 17. Charles and a state of the conditions of perations. Major findings of operations. 18. Informant Daceased Address 19. Sept. 4. 19. 46 Address 23. Signature. Address 24. 19. 46 Address 25. Sept. 4. 19. 46 Address Addr		yr.) Unkn	own 1907			
9. Sirthplace. Cambridge, Md.s. (Town, country, and state) 10. Usual occupation. Farm Laborer 11. Industry or business ### 12. Name John Pinder 13. Birthplace Unknown 14. Maiden name Bertha? 15. Birthplace Unknown 16. Informant Daceased Address 17. Cemetery or crematory. Company Whichi) Commetery or crematory. Company Whichi) 18. Funeral director. Company Whichi) 19. Sept. 4. 19. 46 Address 10. Usual occupation. Farm Laborer Due to. Unknown (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manne of injury Injured at work? 19. Sept. 4. 19. 46 M. D. or other	O. Ada.		Days tiless than one day	Pulmonary Tubercu	ulosis	
10. Usual occupation	39	9(?)	hrs min.			************************
10. Usual occupation	a Righniage CE	ambridge,	Md.	Due to		
11. Industry or business 12. Name. John Pinder. 13. Birtholace Unknown 14. Maiden name. Bertha? 15. Birtholace Unknown 16. Informant. Deceased Address 17. Sermation, or remoyal. Which?) Cemetery or cremation, or remoyal. Which?) Location Location 18. Funeral director. Address 20. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manne of injury 19. Sept. 4. 19. 46 (Allers R. Jacobs and Jacobs		(Town,	county, and state)			***
Dither conditions Dither conditions Dither conditions Other con	10. Usual occupation.	Farm L	aporer	Due to		***
13. Birtholace Unknown 14. Maiden name Bertha? 15. Birtholace Unknown 16. Informant Beceased Address 17. (Burist, cremstion, or remoyal, Which?) Cemetery or crematory. Location 18. Funeral director. Address 21. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Magne of injury 19. Sept. 4. 19. 46 (Include pregnancy within 8 months of death) Major fiadings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Magne of injury Injured at work? 19. Sept. 4. 19. 46 (Advised to a statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Magne of injury Injured at work?	11. Industry or busine	\$\$				
13. Birtholace Unknown 14. Maiden name Bertha? 15. Birtholace Unknown 16. Informant Beceased Address 17. (Burist, cremstion, or remoyal, Which?) Cemetery or crematory. Location 18. Funeral director. Address 21. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Magne of injury 19. Sept. 4. 19. 46 (Include pregnancy within 8 months of death) Major fiadings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Magne of injury Injured at work? 19. Sept. 4. 19. 46 (Advised to a statistically. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Magne of injury Injured at work?	E 12 Name J	ohn Pinde	c	Other conditions		
14. Maiden name Bertha ?	13 Birthelace					
Autopsy results Address 17. Buriui, cremation, or removal. Which?) Cemetery or crematory Location Location Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. Where did injury occur? (City or town) (County) (State) Injured at work? 18. Funeral director Address 23. SIGNATURE Location Loc		Rerthe	9			
Autopsy results Address 17. Buriui, cremation, or removal. Which?) Cemetery or crematory Location Location Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. Where did injury occur? (City or town) (County) (State) Injured at work? 18. Funeral director Address 23. SIGNATURE Location Loc	E 14. Malden name			Major findings of operatious		
Address 17. Bate thereof. (month) (day) (year) 18. Funeral director. Address Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	≦ 15. Birthplace	Unknow	<u>n</u> ·		Date of op	
Address 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide	16. Informant De	aceased		Autopsy results		
Date thereof. (month) (day) (year) Cemetery or crematory. Location Location Address Date thereof. (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meane of injury 18. Funeral director Address Address Address Thereof. (month) (day) (year) Where did injury occur? Injured at work? 23. Signature. Location Thereof. (City or town) (County) (State) Injured at work? 19. Sept. 4. 19. 46 Address Thereof. (Date of the following; Accident, suicide, or homicide	Address			PHYSICIAN: Please underline the cause to w	hich death should he charged	statistically.
Cemetery or crematory. Location Location Meane of Injury Where did Injury occur? (City or town) (County) (State) Injured at work? Meane of Injury 23. SIGNATURE. Location M. D. or other M. D. or other M. D. or other	Na -	-0	Soh+7/M			
Where did injury occur? (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Meane of injury injured at work? 23. SIGNATURE Realized M. D. or other M. D. or other	17(Buriai, crematio	on, or removal, Which?	Date thereof (modth) (day) (year)	Accident, suicide, or homicide	Date of	
Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? 18. Funeral director Address Address Sept. 4. 19. 46. Allers R. Secretary Brown Thomas The Control of the C		1100	metery	Where did injury occur?(City or town)	(County)	(State)
18. Funeral director Address Address Sept. 4. 19. 46. Allerral Secretary The secretary S	Ochietely of Cleans	1 2 200	Low LE			
Address Carm Oriolog Company Thomas Affician M. D. or other Sept. 4. 19 46 albert Search and Thomas Thomas M. D. or other	Location					
Sept. 4. 10 46 allered Sugarhages II amount on 11d M. D. or other	18. Funeral directors	Jeur	1) of Boy Der	means or injury	mjurea at notar	-
Sept. 4. 10 46 (leberth Surantham) Hammerton 200	Address (V)	am Ox	ridge of the	12 0 2	De man m	6.0
19. Sept. 4, 19 40 (Children Local Registrar Address Henryton, Md. Date signed 9-4-46	0 - 1	A 4.0	acilie 11. Pl	23. SIGNATURE. A. L. C. L. C.	м. D.	or other
	19. Sept	egistrar) 40	Debuty Local Registrar	Address Henryton, Md.	• Date signed	9-4-46

SEP 10 1946 BUREAU VS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08919 Reg. Dist. No...

1. PLACE OF DI	Carro	17	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Ride	eville	State Maryland County Carroll		
City or town(If	outside city or town li	mlts, write BURAL and give neerest town)	Ridgeville		
then sond on accordance	ce of death? or street address where		City or town (If outside city or town limits, write RURAL and give nesrest town) R.D. Mt. Alry, Md. (If rural, give LOCATION)		
101000001000000000000000000000000000000		***************************************			
How long in hospital	or Institution?		2.(a) If veteran, name war		
3. (a) FULL NAM	1E	TOGINIT II TOTIL	3. (b) Social Security Number		
		JOSEPH N. POPE			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Divorced	20. DATE OF DEATH SUPY 13 19 46 at 99 M		
			21. I CERTIFY that death occurred on the date above stated: that Lattended deplaced from		
	d or wife		aug 2 1944 10 Sept 13 186		
T. Birth date of	N.	March 2, 1874	and that I last saw have allve on Sefet 19 1946		
deceased (mo., day,	, yr.,)	Days If less than one day	Immediate cause uf death OURATION		
8. AGE: Year 72	6	11 hrs. min	Carrinonia J Montage		
Mo	ntaomonse	Co. Maryland	aus queral mensus		
9. Birthplace	our egomer à	oo. Marytand	Due to		
	Lat	county, and state)			
10. Usual occupation.		***************************************	Due 10		
11. Industry or busine	ess Togenh	M. Pope	_		
12. Name			Other conditions		
		Maryland	(Include pregnency within 3 months of death)		
Malden neme	Matilda	A.Thompson ·			
14. Malden neme		Maryland	Major findings of operations		
21 15. Birthplace	. Joseph	W Pone	Date of op.		
16. Informant			PHYSICIAN: Please underline the cause tu which death should he charged statistically.		
Address	Dama	ascus, Md.			
Buri		9-16-46	22. VIOLENCE: If death was due to external causes, fill in the following;		
11. Date thereof (montb) (day) (year) Goshen			Accident, suicide, or homicide		
Cemetery ar-asses	Anne		Where did injury occur?		
leasting nr.	Laytonsv:	ille, Md.	Injured at home, farm, industry, public place (where?)		
Location	~	M Moltz	Means of Injury Injured at work?		
18. Funeral director.		Winfield, M d.	0 - 1 (1)		
Address		William Co.	23. SIGNATURE (", M. Yay Table		
Alt	15 N	The Titleus des	M. D. oughpr		
(Date rec'd by r	2 19 PG	Registra	Address Addres		



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VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH.

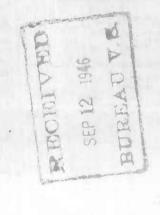
2411 N. Charles St., Baltimore (3)

08921

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEA	ATH:		1 1000	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Herryton				state Maryland County			
(If or	utside city or town lit	nits, write i	RURAL and give nearest town)				
How long in above place	of death? 1 mc	onth,	4 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or	street address where o	leath occurre	s Sanatorium	Street No. 610 Brant Street			
Maryland Tuberculosis Samatorium Colored Branch, Henryton, Maryland.				(If rural, give LOCATION)			
How tong in hospital or	Institution?		<i>y</i> 0022, 1102 <i>y</i> 201100	2.(a) If veteran, name war			
3. (a) FULL NAME					3. (b) Social Security	Number	
	ROSE RI	EED			lost		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
female	colored		married	20. DATE DE DEATH. September 11 19.46 21 4.00 Am			
6.(b) Name of husband	or wifeW1111	lam R	eed	21. I CERTIFY that death occurred on the date above stated; that I ettended deceeeed from August 7. 19 46 to Sept. 11 18 46.			
*****************************		6. (c) If alive, give age	and that I last saw h er alive on Se	nt li	46	
7. Birth date of deceased (mo., day, y	Augus	17	1917				
8. AGE: Years	Months	Days	If tess than one day	Immediate cause of death			
29	0	14	hrsmin.	Pulmonary Tuber	CULOSIS	Jan. 1946	
Ba	ltimore.	Md.		Due to.			
3. Olftapiace	(Town,	county, and	state)	Duc tv.	DUE IV.		
10. Usual occupation	Housewif	3		Nue to			
11. Industry or business	att ham			DUS TO			
	Frank W.	insto	n	Diber conditions.			
12. Name	Virginia						
The sales are sales and the sales are sales and the sales are sale				(Include pregnancy within 3 r	(Include pregnancy within 3 months of death)		
14. Maiden name			r	Major findings of operations			
14. Maiden name	Virgini	9					
I spirit,	eceased			Autopsy results			
				PHYSICIAN: Please underline the cause to wi	nich death should he charged	statistically.	
Address	0-1		8/14/11	22. VIOLENCE: If death was due to external cau	ses, fill in the following;		
17 15 1	or removal, Which?)	• Date the	(month) (day) (year)	Accident, suicide, or homicide			
			((aus)	Where did injury occur?(City or town)			
Cemetery or crematory							
Location				Injured at home, farm, Industry, public place (where?)			
18. Funeral director, William Barman				Means of Injury	Injured at work?		
	7117	10	CKAL THIST	7 2 7	400 -	6	
Address	0/10		1110	23. SIGNATURE & LOUGE	9 ruce	m - D.	
9/11	19 46	all	ell Swanplan	Hannetton Ma		1- 1 -	
(Date rec'd by reg	gistrar)	eputy	LOCAL Registrar	Address Henryton, Md	• Date signed.	14179	



CO. St. Officer DATE 9/13/46

A15

Evidence for change of age MA	RYLAND STATE DEPARTMENT OF HEALTH
of, deceased is shown on 1016	2411 N. Charles St., Baltimore
FILM No. I 07 OCT 8 1946	CERTIFICATE OF DEATH
1 DI SCE OF DEATH.	2 IISHAL RESIDENCE (HOM

Reg. Dist. No....

County Carroll				(For newborn infants give residence of mother) State Maryland County		
City or town. Hen ryton (If outside city or town limits, write RURAL and give nearest town) 5 months, 17 days How long in above place of death? 5 months, 17 days Hospital, Institution, or street address where death occurred: Ivaryland Tuberculosis Sanatorium			Sanatorium	City or town Baltimore (If outside city or town limita, w 1210 N. Centre (If rural, give LO	vrite RURAL and give nea	rest town)
How long in hospital	Branch, H	enryt	on, Md.	2.(a) If veteran, name war		
3.(a) FULL NAME WINSTON JAMES RILEY					3.(b) Social Security 239-07-236	
4. Sax	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
male	colored	m	arried	20. DATE OF DEATH September	r 18, 19 46	. 8.00A
B.(b) Name of husband or wife Marie Riley 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) July 20, 1917			c) alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that t attended disceased from		
8. AGE: Yea	rs Months	Days 28	If less than one dayhrsmin.	Immediate casse of death Pulmonary Tubercu	losis	Jan. 1946
1B. Usual occupation	Laborer		tate)	Due to		
12. Name		· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Other conditions		
Portsmouth, Va. Hattie Jones 14. Malden name. Henneson, N. C.				(Include pregnancy within 3 months of death) Major fiadiags of operations		
16. Informant. Deceased				Aatopsy results	death should be charged	
Shipped 17. Shipped (Burial, cremation, or removal. Which?) Cemetery or crematory. Portsmouth, Va.				22. VIOLENCE: If death was due to external causes Accident, sutcide, or homicide	Date ol	
Cemetery or crema	30		, Va.	Where did injury occur?(City or town) Injured af home, farm, industry, public place (where		
Address / 5 19. 9/18 19. (Date recid by	Tobat 15 M = 6 registrar)	lde	Lector, Swant and V LOCAL Registrar	23. SIGNATURE Reading Sty. Address. Henryton, Md.	Luce m	7-D. or other 9/18/46



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

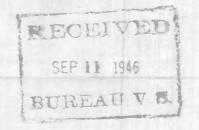
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 91-2

Reg. Dist. No.

CERTIFICATE OF DEATH

County Mt. ATIV	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Mt. Airy		
City or town			
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution?			
3.(a) FULL NAME LUCIAN O. RU	NKLES 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Sefer 7 19 46 21 7 30 4 M		
6.(b) Name of husband or wife deceased 7. Birth dale of deceased (mo., day, yr.) Feb 1 y 10, 1863	21. I SENTIFY that death occurred on the date above stated; that I attended deceased from 19.4 to 19.		
8. AGE: Years Months Days If less than one day 27 hrs.	Immodique cause of degth DURATION Min. Min.		
9. Birthplace	Due to. Due to. Due to.		
11. Industry or business William Runkles			
12. Name William Runkies Maryla nd	Other conditions		
	(Include pregnancy within 8 months of deuth)		
Barbara Harding 14. Malden name. Maryland 15. Birthplace	Major findings of operations.		
Mr. Edward L. Runkles	Date of op.		
16. Informant Mt. Airy, Maryland	Autopsy results		
Burial Bate thereof 9-10-46 (Burlal, examplery, or removed, Which?) Prospect Cemetery or exemplery. Bate thereof (month) (day) (year	Where did injury occur?		
Nr. Mt.Airy, Frederick Co. Md C. M. Waltz	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?		
18. Funeral director	Cm Va Pale		
19. 9/9 HG Im D Deugle (Dark rec'd by registrar) Reg	23. SIGNATURE. M. D. or other listrar Address. Address. Address. Address.		



2411 N. Charles St., Baltimore



089234

CEDTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Dist. No.	
1. PLACE OF DEAT	-	arroll		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	F DECEASED: mother)	Action of the last
County				Maryland		
City or town					nty	**
(If outs	A spr	O 1	mo 21 days	City or town Baltimore Ci	, write RURAL and give nearest town)	
How long in above place of	death?		mo., 21 days	(If outside city or town limits	, write RURAL and give nearest town)	
Hospital, Institution, or str	reet address where d Springfield			Sireet No. 1122 William S	treet	
				(If rural, give	LOCATION)	
How long In hospital or In-	stitution? 4 yr	• , 9	mo., 21 days	2.(a) If veteran, name war		
3. (a) FULL NAME	Edward	Ado.	lph Sadler		3. (b) Social Security Number	
4. Sex 5	5. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
			å 3 3			
Male	White	W	idowed	20. DATE OF DEATH September	3 19 46 at 5:40A	
6.(b) Name of husband or	wife Kathe	rine	Aner	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from 43. to Sept. 3	
***************************************			c) If alive, give ageyears	and that I last saw h im alive on Sept		
7. Birlh date of deceased (mo., day, yr.)	June 5	187	2	and that I last saw h		
	And the second s			Immediate cause of death		
8. AGE: Years	Months	Bays	If less than one day	Arteriosclerosis	5 yrs	
74	2	28	hrsmln.			
9. Birthplace Balt. 10. Usual occupation. S		ounty, and	Maryland state)	Due to		
11. Industry or business						
12. Name John 13. Birthplace	C.H. Sa	adler		Bither conditions Psychosis W:	ith chronic	
12. Neme	***************************************		Maryland	alcoholism, deteri	oration 5 year	2
				alcoholism, deteri	nonths of death)	
14. Maiden name		H	lughes			
EO			ode Island	Major findings of operations		
				***************************************	Bate of op	
16, Informant	Springfield St	ate Hospita	al Records	Aatopsy resalts		
10, tayoniant				PHYSICIAN: Please underline the cause to wi	hich death should he charged statistically.	
Address	Sykesvi	lle, Maryla	and	22. VIOLENCE: If death was due to external cau	nee till in the following:	
- Busin		Data than	9-10-46			
(Burial, cremation, o	r removal. Which?	Bate the	(month) (day) (year)	Accident, suicide, or homicide	Date of	
	· Ilake	105.	oso lem.	Where did injury occur?(City or town)	(674-4-3	
Cemetery or crematory.	The state of	(A	(City or town)	(County) (State)	
Location	alto.	MIA		tnjured at home, farm, industry, public place (w	here?)	
Love IIII IIII	2	-1-1		Means of Injury	Injured et work?	
18. Funeral director	nagun	400	and the second	Robert Bertrand May, M.D.	1 10. 1.0	
Address 14 2	dig	let &	of.	23. SIGNATURE BOLES & BOY	sand May My	
Olest ?	2 4/	1	Jaloury 71/2001	Springfield State Hospital	M. D. or other	
(Date rec'd by regis	trar) 19 // (. CA.:	Registrar	Address Sykesville, Maryland	Bate signed 9-3-46	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-4-

CERTIFICATE OF DEATH

			02111110111	Reg. Dist. No.		
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How tong in above place Hospital, Institution, or Puberculo How long in hospital o	e of death?3	leath occurred	URAL and give nerrest town) : Maryland a(Colored)	State Maryland County Somerset City or town Marion Station (If outside city or town limits, write RURAL and give nearest town) Street No. Route 1, Box 103 (If rurnl, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM	Gladys	Sava	ıge	3. (b) Social Security Number		
4. Sex female	5. Color or race colored	6.(a)Single	, married, widowed, or divorced (1e	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept. 13 1946 21 12:25		
	~	6.(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 19.46 to Sept. 13 19.46 and that I last saw h. Or. alive on Sept. 13 19.46.		
8. AGE: Year:	s Months	Days 24	If less than one dayhrs min.	Pulmonary tuberculosis Feb. 46		
10. Usuat occupation 11. Industry or busines 12. NameMa 13. Birthpiace M	factory rion Sava arion St	worke		Due to		
16. Informant Reuben Hoffman, M.D.				Major findings of operations		
	enryton,	Date there	of Sept. La Strain (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location	Marli Fly M	Jele -St	Slation	Injured at home, farm, industry, public place (where?)		
19. Sept.	13 19 46	de	buty local Registrar	23. SIDNATURE M. D. or other Address Henryton Md Date signed 9 1.3-46		



CERTIFICATE OF DEATH

08925

Rag	Dist	N.

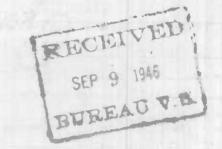
			CERTIFICA	Reg. Dist. No.
1. PLACE OF DE	ATH: Oll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Heary ton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yrs 1 mo 24 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.				Slate. Maryland. County. City or town. Baltimore. (If outside city or town limits, write RURAL end give nearest town) Slreet No. 743 Dolphin St. (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAM	E	Jos	EPH DOUGLAS SO	3. (b) Social Security Number 214-16-7548
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
male	col.		married	2D. DATE OF DEATH. Sept. 6. 1946 8:30 A
6.(b) Name of husband	or wife Floa	rence	Scriber	21. I CERTIFY that death occurred on the date above stated; that I ettended decaased from July 12, 19.44, 10. Sept. 6, 19.46.
7. Birth date of deceased (mo., day, yr.) July 8, 1919				and that I last saw h i.M. alive on Sept. 6.9 19.46. Immediato caose of death. DURATION
8. AGE: Year		Days	If less than one day	Pulmonary Tuberculosis May 1,
				1244
9. Girthplace	TOLLY WOOD	county, and s	tate)	Due fo
10. Usuat occupation.	1D. Usual occupation. Stevedore			Due fo
11. Industry or busines		1 10 0 00		
	Hollywood			Other conditions
				(Include pregnancy within 3 months of death)
The state of the s				Major findings of operations
	Hollywo			Date of op.
16. tnformant	peceased	*******************		Actorsy results
Address	, 0		9/0/4/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation	ual, or removal. Which?	Dafe fhere	of	Accident, suicide, or homicide
Cemetery or cremat	ary St.	Three	2	Where did injury occur?
Location	Location St. Mary's County Mit			Injured af home, farm, industry, public place (where?)
18. Funeral director	Mrs Kan	es R	Willian	Means of injury injured at work?
Address 22	n. Son	sor	be st.	23. SIGNATURE Medica Mofunda M. D. or other
19. Sept	6 2 19 46	Dep	at V Local Registra	and the second

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

PLEASE

VS A15

correct age



MARGIN RESERVED FOR BINDING

VS A15

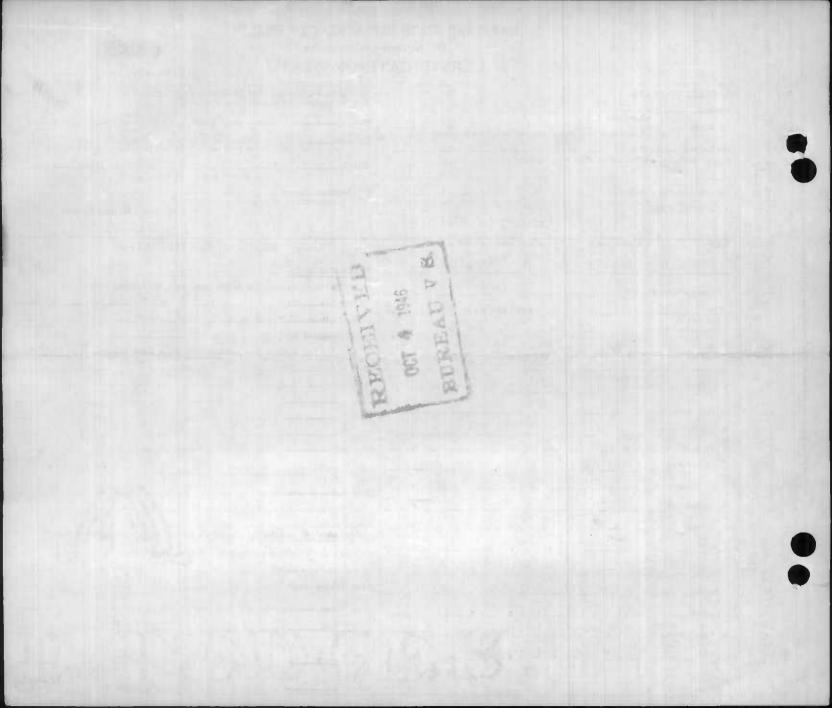
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

08926 Reg. Dist. No. 76

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll	State Maryland County Carroll		
City or fown. Tural Westminster (Reese) (If outside city or town limits, write RURAL and give nearest town)	City or town rural Westminster (Reese)		
How long in above place of death? 18 years	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	. 2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Ann Marie Shipley	215-20-8326		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white single	20. DATE OF DEATH. September 26 1946 20:30a M		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
	man 1 1946 to set to 1 1946		
T. Birth date of Control Contr	and that I last saw hat alive on Set 1946		
deceased (mo., day, yr.) October 29, 1926	Immediate cause of death DURATION		
70 70 00	Haule Mercuria 10 more		
	- Image intestines		
9. Birihplace Baltimore County, Maryland (Town, county, and state)	Due to.		
10. Usual occupation	Bucke		
11. Industry or business	Due to		
	Dther conditions.		
12. Name Sterling A. Shipley 13. Birthplace Maryland			
14. Malden name Mary Weaver 15. Birthplace Maryland	(Include pregnancy within 3 months of death)		
15. Birthplace Maryland	Major findings of aperations.		
	Dato of op		
16. Informant Mary Weaver Shipley	Autopsy results		
Address Westminster, Nd.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. burial Date thereof (Month) (day) (year)	Accident, suicide, or homicide		
(Burlal, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory. Westminster Cemetery	Where did injury occur?		
Location Westminster, Md.			
18. Funeral director J. Francis Reese	Means of injury Injured at work?		
Mestminster, Md	G Ma CAO MAD BOMB		
Ja 27 46 n.P. Jank	23. SIGNATURE M. D. or other		
Date rec'd by registrar Registrar	Address vest minster Date signed 720146		

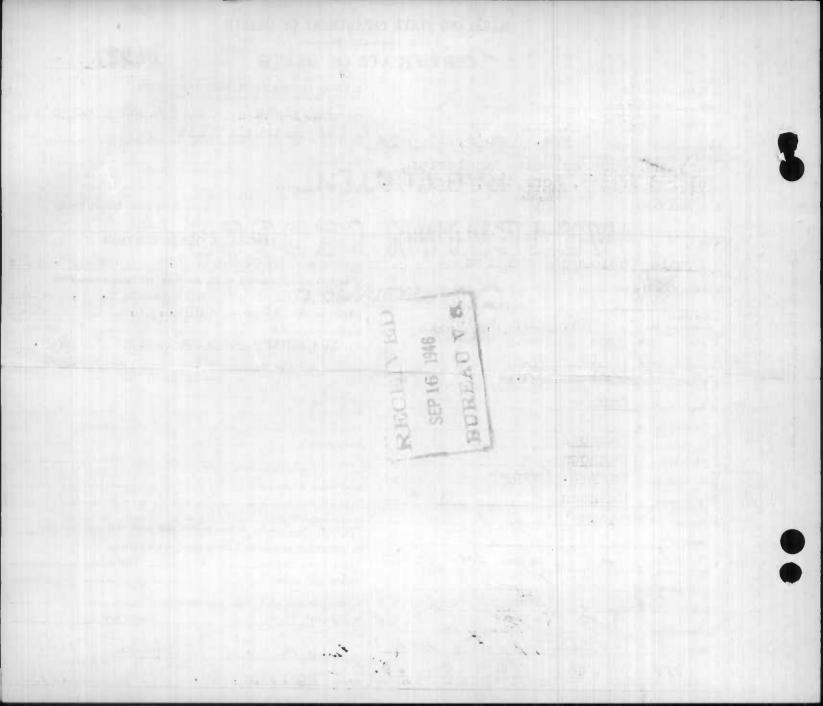


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Maryland Prince George's
City or town	town)
How long in above place of death? 2 yrs. 3 mo's, 10	days City or town Mitchellville (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatoriu	Street No.
Maryland Tuberculosis Sanatoriu	(If rural, give LOCATION)
Colored Branch, Henryton, Maryl	and. 2.(a) If veteran, name war.
3.(a) FULL NAME	3.(b) Social Security Number
AGNES CHRISTINE SIMMS	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divo	MEDICAL CERTIFICATION
female colored Married	20, DATE OF DEATH September 7, 19 46 at 8.15P M
	21. I CERTIFY that death occurred on the date above stated; thet I attended deceased from
6.(b) Name of hueband or wife	Morr 9046
7. Birth date of Toward home 7 To 200	and that I last saw h er alive on Sept . 7 . 1846
deceased (mo., day, yr.) November 7, 1920	Immediate cause of death DURATION
8. AGE: Years Months Daye If leee than one day	Pulmonary Tuberculosis Aug.
25 10 0hrs.	min. 1943
Richalese Leeland, Md.	Busia
9. Birthplace (Town, county, and state)	Due (c.
10. Usual occupation. None	
	Due to
t1. Industry or business Unknown	
IZ. Rame	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary E. Savoy 15. Birthplace Unknown	Major findings of operations
15. Birthniace Unknown	Major nadings of operations
ars.	
16. Informant Deceased	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bate thereof Safet (Month) (Month) (Month) (day)	(year) Accident, suicide, or homicide
Cemetery or crematory.	
Location Proce George Co	
18. Funeral director.	Meene of injury Injured at work?
Addrese assupplie I	ed toulan Hollingen m.D
	23. SIGNATURE M. D. or other
19. 9/7 19 46 allerth In	Registrar Address Henryton, Md. Date signed 9/7/46



de Gellinga Cen

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ltimore 490

CERTIFICATE OF DEATH

	CERTIFICATE OF BEATTI	Reg. Dist. No
1. PLACE OF DEATH: County	(For newborn infants gi	y or town limits, write RURAL and give nearest town)
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, W W W W W M M M M M M M M	Vidowed, or divorced ME	3. (b) Social Security Number DICAL CERTIFICATION Extende 10 18 46 at 2:42 Pm
0. 100	Feb. 17	
11. Industry or business 12. Name	Other conditions (Include pregations of operations of Actors results Physicians Physicians oderline	Date of op aug:5446
17. Date thereof. (Buriai, cremation, or removal, Which?) Cemetery or crematory. Location 18. Funeral director. A.A. Address 3.3.5 Year A.A. (Date we'd by registrar)	month) (day) (year) Accident, suicide, or homicide Where did injury occur?	Oate of

1. PLACE OF DEATH:

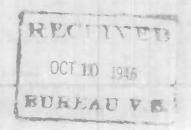
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

County				Street No. Route 1	County Carrol tminster (May limits, write RURAL and give no	••••••
3. (a) FULL NAME	Er	rnest	Raymond Stocks	sdale	3. (b) Social Security	
	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL	L CERTIFICATION	
male	white		merried	20. DATE OF DEATH Sentemb	oer 30 1946	at. 8:30.p.
	**************************************	6.0	Coppersmith c) If allve, give age 51 year	and that I last saw h	Sept 2 8	30 19 46
8. AGE: Years	Months	Days	If less than one day	Immediate cape of death	duene	Donkilon
56	6	13	hrsmin			
13. 8irthplace M H 14. Malden name W 15. Birthplace	Clerk Retai oah M. S aryland Martha	il stocks a Dav	ore sdale	Due to	hin 3 months of death)	
			Stocksdale	Autopsy results		d statistically.
17. burial (Burial, cremation, Cemetery or crematory Location	or removal. Which? Sandy Sandyv	Moun ille, cis R	d. R. #1. reof. 10/3/46 (month) (day) (year) t. Cemetery Md. eese	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	Date of	(State)
19. Oct 5	3 19 46		argant Lugla	Mastennetes	M. D. Date signed	or other /46



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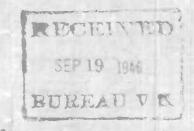
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

()893() Reg. Diat. No. 75

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED;
Ceunty	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Lary &
(if outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
nooping, manually of affect against acount cocurrent.	Street Ne.
	(If rural, give LOCATION)
How long in hospital er institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Chatterne Dixon	Hurs
4. Sex 6. Color of race 6. (a) Single, married, widowed, or divorced	
W 1 21/. 1 X21.	MEDICAL CERTIFICATION
Mysele Muse granied	20. DATE OF DEATH 2 2 1946 214:30 P. M
8.(4) Name of husband or wife harles Swarts	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Macs 10 1946 to Sept 13 1946
3. S. (c) If allve, give age years	
deceased (mo., day, yr.)	and that I last saw h. A. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
47 7 14	Coronary Charles
70 / 7min.	
8. Birthplace Flown, county, and state)	Due la Carlai arrette
From County, and Care	
ID. Usual occupation Analysis	B A.
11. Industry or business	DUE TO
12 Horse 108 Alleneya	
E 12. Name	Other conditions.
2 13. Birthplace	(Include pregnancy within 8 months of death)
# 14. Maiden name. Mella Duth	
15. Birthplace	Major findings of operations.
10. or injusted 11 10 3/2 1 1	Date of ep.
18. Informant Charles T. Solv Gul.	Antopsy results.
Address Mesherinster by of At H. ?	PHYSICIAN: Please underline the cause to which death shenld be charged statistically.
6	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereet. (month) (day) (year)	Accident, suicide, er hemicide
	Where did inhus occur?
Cemetery or crematory Let Hallet Land Drif	Where did injury occur?
Location Tallander Jan	Injured at home, farm, Industry, public place (where?)
Ma Leani.	Means of Injury Injured at work?
18. Funeral director	
Address Hanner Tu	Mark 1 De 1 Ma
1. Left: 15 1046 Mrs. W. R. S. Denner	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Sanger Fa Bate signed 19/14/4/
avog.out.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

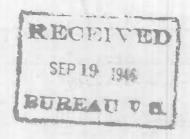
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 74

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Anne Arunde City or town Furnace Branch (If outside city or town limits, write RURAL and give nearest town	
Hospilat, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Cologed Branch, Henryton, Maryland	Street No. R.F.D. 19, BOX 135, (If rurol, give LOCATION) 2.(a) It veleran, name war.	
3.(a) FULL NAME LAURA SAVOY TAYLOR	3.(b) Social Security Number	r
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female colored married	20. DATE DF DEATH. September 17, 19 46 at 1	.00A
6.(b) Name of husband or wife Winfield Taylor 8.(c) It alive, give age 56 years 7. Birth date of deceased (mo. day, yr.) February 22, 1903	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from Febuary 4, 19 46 to Septe 17, and that I last saw her alive on September 17,	19 46
8. AGE: Years Months Days It less than one day		HOITARU
43 6 25hrsmin.	Pulmonary Tuberculosis Apr	ril
9. Birthplace Eldersburg Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Due to	
12. Name Alpheus Thomas 13. Birthplace Carroll County, Md.	Diher conditions	
Barria Domont	(Include pregnancy within 3 months of death)	
14. Malden name Bessie Dorsey 15. Birthplace Howard County, Md.	Major fiadings of operations	
16. informant Deceased	Aotopay results.	
	PHYSICIAN: Please ooderline the cause to which death should be charged statistica	
Address 17. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cometery or cromatory What to Cock	Where did injury occur?	
Location Berrett Carroll, & Md.	Injured at home, tarm, industry, public place (where?)	
18. Funeral director. S: M. Wall =	Meens of Injury Injured at work?	
Address Winfield Mid	23. SIGNATURE Reuleur Hoffrage, m. D.	
19. 9/17 (Date rec'd by registror) 19. 46 Coal Registrar Registrar	M, D, or other	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (148)

CERTIFICATE OF DEATH

			8	2
Reg.	Diat.	No.	Q	

1. PLACE OF DEATH: Carroll	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
UCURTY	
City or town R.D. Mt. Airy	State County County
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town R.D. Mt. Airy (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or streel address where death occurred:	Street No.
434444444444444444444444444444444444444	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	2.(5) Il voloran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sidney Thomas	220-24-7280
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male Colored Single	20. DATE DE DEATH Sept. 15 1946 91 / 7 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1919
7. Birth date of The action of	and thet I last saw h
deceased (mo., day, yr.) Dec. 28, 1914	
8. AGE: Years Months Days If less than one day	Immediate cause of death
31 8 17	
	Surpe warmed their
9. Birthplace Columbus, Ohio	0.1-
9. Birthplace	Oue 10
9. Birthplace (Town, county, and state) Laborer	
10. Usual occupation	Due to
1t. Industry or business B. & O. R.R.	
William H. Thomas	
William H. Thomas 12. Name William H. Thomas	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Majden neme Elizabeth Waters	(Include pregnancy within 3 months of death)
14. Malden neme Elizabeth Waters 15. Birthplace	Major findings of operations.
≥ 15. Birthplace	Date of op.
Mrs. Dessie Williams	
16. tnformant	Autopsy resolts
Address Mt. Airy, Md.	· ·
Burial 9-18-46	22. VIOLENCE: If death was due to external causes, fill in the following:
Oate thereof (month) (day) (year)	Accident, suicide, or homicide. Worker Quie of 9-13.46
IVIT. ZATORI	Where did injury occur? The Me derry (County) (State)
Cemetery	(City or town) (County) (State)
location nr. Mt.Airy, Carroll Co. Md.	Injured at home, farm, Industry, public place (where?)
20001101	Means of injury Tecaretas would injured at work?
18. Funeral director	miganis of injury
Winfield Md	And Bearing.
Address	23 SIGNATURE Touce & Thorof Defects Thelied Examine
1.6x/7 He Ilm Dulling	M. D. or other
19: Date rec'd by registrar) Registrar	Address Restricted MM Date signed 9-15-46
(Date let a a) registrar)	Autross-



Reg. Dist. No.

1. PLACE OF DEATH: County Carroll

Hospital, institution, or street address where death occurred:

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1-4	
</td <td></td>	

PLEASE W

CERT	IFI	CATE	OF	DEATH
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A CONTRACTOR OF THE CONTRACTOR
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
state Maryland County
City or town Baltimore (if outside city or town limita, write RURAL and give nearest town)
Street No. 602 N. Carey St.
(If rural, give LOCATION)

Maryland Colored How long in hospital o	Tubercu Branch,	losis Sanatorium Henryton, Md.	Street No	e LOCATION)	
3. (a) FULL NAM		JAMES MOLLAR THON	MPKINS	3. (b) Social Security 213-07-9	
4.Ser male	5. Color or race	6.(a)Single, married, widowed, or divorced married	MEDICAL C	ERTIFICATION 20 446	.1.150
	or wife	6.(c) tt alive, give ageye	August 15. and that I last saw him. alive onSe	ove stated; that I attended doc 46. to Sept. pt. 20.	20.,1946.
8. AGE: Years 40	s Months	Days If less than one day	Immediata cause of death		
10. Usual occupation 11. Industry or busines 12. Name	Loader Sddie Thom Wakefield	in Steel Mill mpkins , Va. Jones	Due to Due to Dither conditions	months of death)	
	ceased		Autopsy results		
17. Ships		Date thereof 9-23-46 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	(State)
	000 Brant	ley ave. Bally mid	23. SIGNATURE Reches 78		7- D - or other 9-20-46

(If outside city or town limits, write RURAL and give nearest town)

Transfer to	1 270.	-07-940)T
MEDICAL	. CERTIFICA	TION	
20. DATE OF DEATH September	er 20,	19.46	1:15P.m
21. I CERTIFY that death occurred on the da			
August 15,		ept. 20)194.6
and that I last saw hi.M. alive on	Sept. 20	9	19.46
Immediata cause of death			DURATION
Pulmonary Tube			July 6, 1946
Due to		44444444444444	******************************

Due to			*************

Other conditions		**==****	***************************************
(Include pregnancy with	nin 8 months of death	n)	
Major findings of operations			
	Dat	e of op	
Autopsy results	to which death shoul	td be charged sta	tistically.
22. VIOLENCE: If death was due to extern	al causes, till in the to	ollowing;	
Accident, suicide, or homicide		Date of	
Where did injury occur?(City or to			
Injured at home, farm, industry, public pla	ce (where?)		
Meens of injury	tnjured	d at work?	
23. SIGNATURE TRESPER	Hoffma	M. D. or	other



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-1

08934

CERTIFICATE OF DEATH

Reg. Dist. No.

W.	
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VEURITY	State Maryland County
City or town (If outside city or town limits, write RURAL and give nearest	town) Poltimone
Hew leng in abeve place of death? 5 months, 22 days	(If outside city or town limits, write RURAL and give nearest town)
Manager to the second address where death accurred:	1227 E Medigon Street
Maryland Tuberculosis Sanatoriu	Street No
Maryland Tuberculosis Sanatoriu Colored Branch, Henryton, Maryl How long in hespital er institulien?	Land 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MABEL JOSEPHI	INE UTSEY
4. Sex 5. Coler or race 6.(a) Single, married, widowed, or diver	MEDICAL CERTIFICATION
female col. single	20. DATE DF DEATH September 19, 1946 at 1:10P,
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 27, 19 46 Sept. 19, 46
7. Birth date et Town 200 3.000	years and that I last saw h. er alive en September 19, 1946
deceased (mo., day, yr.) June 28, 1928	
8. AGE: Years Months Days If less than one day	Immediate cause of death Pulmonary Tuberculosis Feb.
18 2 21hrs.	
9. Birthplace	Due te.
(Town, county, and state)	
10. Usual eccupation Scholar	Due te
11. Industry or business	Duc 16
	Pik and the second
E Courth Compliant	Other conditions
	(Include pregnancy within 3 months of death)
Mamie Griffin 14. Maiden name South Carolina	Major findings of operations
South Carolina	
Deceased	Date of ep.
16. Informant Deceased	Antopsy results
Address	
2 2 2 -	22. VIOLENCE: If death was due to external causes, till in the tellewing;
(Burial, creshason, or removal, Which?), Date thereot 9-22-	(year) Accident, suicide, er hemicide
	Where did injury eccur?
Cemetery er crematery	
Lecation	Injured at heme, farm, Industry, public place (where?)
18. Funeral directer Mrs Robert Elliot - Lang	Means of Injury Injured at work?
0. 0.4	1 1 5400 000
Address / 129n. Caroline &	23. SIGNATURE Couleder Notranou, On. D.
19 Sept. 19, 19 46 albert (Sov	Henryton, Md. M. D. or other
(Date rec'd by registrar) Deputy Local	Registrar Address Henryton, Md. Date signed 9-19-46

BUREAU V.B.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

Reg.	Dist.	No. 74
reeg.	Diec.	110

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESUENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Ignitution, or street address where dish occurred	Street No
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, tharpped, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 44 21. 4 - 20. 5
B.(c) Name of husband or wife	21. I CERTH I that death occurred on the data above stated that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace (Town copnty, and state)	Due to.
10. Usual occupation	Due to July 10 yes
12. Name Land & all shing 13. Birtholace J. Sungay f	Other conditions (Include pregnaricy within 3 months of death)
14. Maiden name A A A A A A A A A A A A A A A A A A A	Major findings of operations
Rayles 7 Lober One Bally	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, eremation, of removal. Which?) Cemetery or crematory. Date thereof (wonth) (day) (year)	Accident, suicide, or homicide
Location Edmonds for	Injured at home, farm, Industry, public place (where?)
Address 2 3 3 4 persons 3	23. SIGNATURE M. D. oppther
19. September 19 46 and Medicin	Address I blandle had Date signed 18 46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg.	Diat.	No.	********

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	kesville	***************		siate Maryland Cou			
How long in above pla	f outside city or town i	rs8mo	RURAL and give nearest town) enths:10days d: cDital	City or town Baltimore Ci (If outside city or town limits Streel No	ty. write RURAL and give near	rest town)	
How long in hospital or institution? 3years8months10days			onths10days		(If rural, give LOCATION)		
3. (a) FULL NAM	WE				3. (b) Social Security	Number	
		John	Francis Walsh	h			
4. Sex	5. Color or race	8.(a)Singi	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
male	white	V	widowed	20. DATE OF DEATH September	22 1846	2:30A	
			esa Flaherty	21. I CERTIFY that death occurred on the date about July 4	re stated; that I attended decea	sed from	
7. Birth date of		25 . 1 8	c) If alive, give ageyea	and that I last saw h im alive on Sept			
8. AGE: Yes	rs Months	Days	If less than one day	Arteriosclerosis		7 yrs.	
79	4	27	hrsml	n.		**********************	
9. Birthplace Ba]	Ltimore C	county, and	Maryland	Due to		***************************************	
	labor					фи	
		••••••		Due to	***************************************	***************************************	
11. Industry or busine		is Wa	lsh	Peychoode	ith ontonio	***************************************	
12. Name JC	JIII PI GIIC.	LO Ha	Ireland	Other conditions Psychosis was sclerosis	tur ar ter 10-	7 yrs.	
	Bnidge+	Mollo		(Include pregnancy within 8 m	nonths of death)	7150	
14. Maiden name	Bridget	wicha.		Major findings of operations			
			Ireland				
16. Informant Spr	ringfield	State	e Hosp. record				
Address Syl	cesville,	Mary!	land//////	PHYSICIAN: Please underline the cause to wh		statistically.	
17. Busial, cremation	on, or removal Which?	Date the	(Anonth) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicido, or homicide			
	my flux	10,4		Where did injury occur?	(County)	(State)	
Location (a. The	den	CK IVI	Injured at home, farm, industry, public place (wh			
18 Fungral director	Alm.	a.	Horam	Means of Injury	Injured at work?		
Address	3000		Balto. M	Howard N. Frederic	71 1		
19. 9/24	146 19	a	. W Hedusk	23. SIGNATURE HOUSE Springfield State Address Sykesyille, Mar	Hospital M. D. o	or other 9 -22-46	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	
City or town	ive nearest town) Dol+imono
Uncertal Institution or street address where death occurred:	1826 E. Biddle Street
Maryland Tuberculosis Sana Colored Branch, Henryton, How long In hospital or institution?	torium (Ifrural, give LOCATION) Md. 2.(a) If veteran, name war.
3. (a) FULL NAME	WHITAKER 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wido	owed, or divorced MEDICAL CERTIFICATION
male col. singl	e 20. DATE OF DEATH September 4, 19 46, 21 9:45Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15, 19.46, 10. Sept. 4, 19.46
7. Birth date of	age years and that I last saw h im alive on Sept. 4.
deceased (mo., day, yr.) JULLY 10, 1916	Immediate cause of death DURATION
8. AGE: Years Months Bays If less tha	Pulmonary Tuberculosis Jan.
34 1 19	hrs
9. Birthplace Enfield N. C. (Town, county, and state)	Due to.
1B. Usual occupation. Waiter	Due to
11. Industry or business	
E 12 Name James Whitaker	Dther conditions
13. Birthplace Enfield, N.C.	(Include pregnancy within 3 months of death)
14. Malden name Ella Scott	Major fiudings of operations
14. Malden name Ella Scott 15. Sirinplace Enfield, N.C.	major natings of operations
16. Informant Deceased	A-tore verile
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Bate thereof. (mor	nth) (day) (year) Accident, suicide, or homicide
Cametery or crematory	Where did injury occur?
	D to the total and the class (where 2)
LUGATION	Injured at home, farm, inquistry, public place (wherer) Maans of Injury Injured at work?
18. Funeral director. Elivy 0, Wilse	manus of others
Address ovo Beauty ar	Sura M. 23. SIGNATURE Realizers Hoffman M. D. or other
19. Sept. 9, 19 46 affect 1	June Henryton, Md. M. D. or other Services Address Date signed 9-4-46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF D		Carrott	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	P1 =	C_1:H_	State Maryland County	
	outside city or town li	mits, write RURAL and give nearest town)	City or town Baltimore City (If outside city or town limits, write RURAL and give nee	
	or stroel address where		Sireet No. 2211 Orleans Street	
How long in hospital or institution? 3 years			(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAM	ЛЕ	Joseph James/White	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	married	20. DATE OF DEATH September 7 19.46	.10:20pm
The state of the said	9 01 WICC	ie Lutche6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that t attended dece February 9 1944 to Sept. 7 and that t last saw h image alive on September 7	ased from
		7, 1882	Immediate cause of death	DURATION
8. AGE: Yea	Months 8	Days tf less than one day	Cerebral hemorrhage	16 hrs.
10. Usual occupation	laborer	ity, Maryland county, and state) intenance depts.	Due to	6 yrs.
			Payahada with come	** ************************************
12. Name Ma	acchew wh	ite Maryland	Olher conditions Psychosis with cere-	
			bral arteriosclerosis (Include pregnancy within 3 months of death)	6 yrs.
14. Malden name	Fanny M	urdock Maryland	Major findings of operations	
== 15. birthprace			Date of op	
16. Informant		tate Hospital Records	Autopsy results	
17. Buri	el on, or removal. Which?	Dale thereof. 9/11/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crema	xx Holy Red Belair Rd.	Baltimore, Md.	Where did injury occur?(City or town) (County) Injured at home, farm, industry, public place (where?)	
Location				
18. Funcral director. Address 26		Schimunekdison Street	Robert Bertrand May, M.D.	mo.
19. 9/10	146 19	a. W. Hellich	23. SIGHATURE Springfield State Hospital M. D. Address. Sykesvitte, Maryland Date signed.	9-7-46

1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 months, 19 days Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. How long in hospital or institution?			(For newborn infants give residence	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Manuage and		
				State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1526 Druid Hill Avenue (If rural, give LOCATION) 2.(a) If reteran, name war.		
3. (a) FULL NAM					3. (b) Social Securit	
			EDITH LORRAIN	E WILSON		
4. Sex	5. Color or race		. married, widowed, or divorced	MEDICAL	CERTIFICATION	
female	col.		single	20. DATE OF DEATH. September	23, 19.46	
7. Birth date of deceased (mo., day,	••••••) 11 alive, give ageyı 924	and that I last saw h.Or alive on Se	46 Sept.	23,19.4
8. AGE: Yea	rs Months	Days . 19	II less than one day	Pulmonary Tubero		Dec.
10. Usual occupation 11. Industry or busine 12. Name J 13. Birthplace	Domes s ohn Wilso Virgini	n a lliams	tate)	Other conditions (Include pregnancy within		
				Antupsy results		
Address 17. (Burial, cremation Cemetery or crema Location 18. Funeral director Address / 6 3	Balta Mrs Seo	Date there Constants Constants Hill	ot 9/26/46 (month) (day) (year)	PHYSICIAN: Please underline the cause in 22. VIOLENCE: Il death was due to external a Accident, suicide, or homicide	causes, fill in the following; Date of (County) (where?) Injured 21 work?	(State)

Date signed 9-23-46

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